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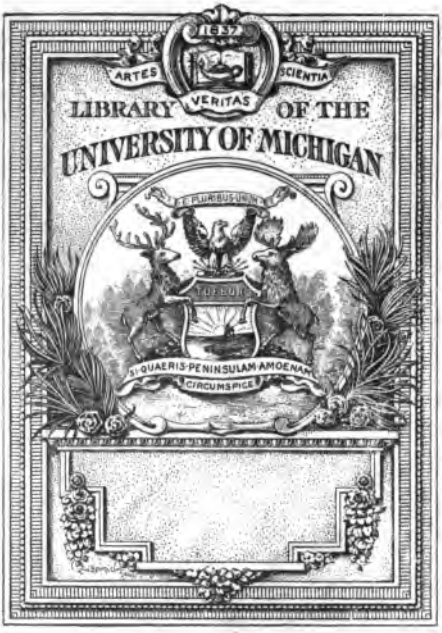

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THE NEW ENGLAND
MEDICAL GAZETTE.

VOLUME XIV.

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THE

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A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,

SURGERY, AND THE COLLATERAL SCIENCES.

"Die milde Macht ist gross."

VOLUME XIV.

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Erratum. On page 189, third line from bottom, for *opium* read *apis*.

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THE

NEW ENGLAND MEDICAL GAZETTE.

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(*For the Gazette.*)

THE DISTINCTIVE MERCURIALS.

Part of a lecture delivered in the London School of Homœopathy, Dec. 9, 1878.

BY RICHARD HUGHES, M. D, LONDON, ENG.

HAHNEMANN, when in the proving of his own black oxide he had supplied the pathogenesis of mercury as such, proceeded (in the "Reine Arzneimittellehre") to give some suggestions as to the action of other and more distinctive mercurial preparations. He furnishes one symptom as produced by calomel, fifty-one as from corrosive sublimate, twenty from the acetate, two from the red precipitate, and forty-five from cinnabar, — all of these, save a few of those of the sublimate, having been observed by himself. He concluded with one hundred and sixteen symptoms taken from authors, descriptive of the effects of "miscellaneous mercurial medicines," including those of inunctions and fumigations. I have followed him in speaking separately of mercury, as such, but have included under that heading the influence exercised by pure quicksilver in every form as well as by its non-irritant salts. I have now to speak of its more distinctive preparations, which will include the bichloride, the cyanide, the iodides, the red oxide, and the sulphide.

Mercurius corrosivus — the bi- or perchloride of chemistry hitherto, the mercuric chloride of present nomenclature, the corrosive sublimate of common language — is, as you know well, a most potent poison, and in our hands is a most valued medicine. It is prepared by trituration, or solution in rectified spirit. Besides Hahnemann's symptoms obtained from it, and Dr. Buchner's provings of it (in fractional dose) on himself and

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seven others, Dr. Allen adds numerous effects of poisoning, making a pathogenesis of upwards of eleven hundred symptoms, which we may supplement yet further by using the observations made by Lewin in the treatment (on a large scale) of syphilitic disorders by the hypodermic injection of the drug *

Corrosive sublimate is, of course, a mercurial, and therefore capable of inducing the constitutional effects of the metal; but these are by no means readily obtained from it, and no mercurialist in the past ever used it to cause salivation. We, in like manner, should be chary of employing it as a remedial agent in conditions answering to those of pure mercurial influence, preferring for such purposes the *M. solubilis* or *vivus.* But *M. corrosivus* has a sphere of its own as a specific irritant to the living tissue, in which for range and intensity it is rivalled only by arsenic. It affects in this way the stomach and large intestine, the respiratory mucous membrane and the lungs, the kidneys and external uro-genital organs, and the peritoneum. I will speak of each action, and of its therapeutic applications, separately.

1. Upon the alimentary canal the sublimate acts, when swallowed, as a corrosive caustic, chemically destroying the mucous membrane, wherever it comes in contact with it; but observation and experiment show that when otherwise introduced into the system, it still exerts an irritant influence upon certain parts of the digestive tract, which influence must, therefore, be of an electric and dynamic character, and suitable for homœopathic application. The parts so affected are the mouth and throat, the stomach, and the large intestine.

The best observations of these actions are those of Dr. Lewin, as his doses were moderate ($\frac{1}{10}$ to $\frac{3}{8}$ of a grain) and his experiments extensive. He found mouth affections in thirty-five per cent of his cases. They consisted either of slight stomatitis and moderate ptyalism, with some tenderness and swelling of the salivary glands, or of stomatitis ulcerosa, the ulcers being covered with a dirty yellow coat, which he compares (hardly justly, I think) to a diphtheritic membrane, without ptyalism, or of pure

* The Treatment of Syphilis by Subcutaneous Sublimate Injections. By Dr. George Lewin. Translated by Dr. Proegler and Gale. Philadelphia: Lindsay & Blakiston. 1872.

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increase of the flow of saliva, of unchanged quality, and without any evidence of inflammation. If the patients caught cold, they had redness and swelling of the tonsils and neighboring lymphatic glands, hypertrophy of the former being no uncommon effect of a prolonged course of injections. Gastro-enteric symptoms were observed only when the maximum dose I have mentioned was overstepped. "In lighter cases, the intoxication was ushered in by gastric disturbances, like anorexia, coated tongue bad taste, sometimes metallic, yet but seldom does the patient complain of nausea and vomiting. After a little time, pain of a sharp, burning character is experienced, a symptom which manifests itself not only spontaneously, but by pressure on the abdomen, especially in the region of the stomach and right hypochondrium. A little later, diarrhœa commences, tinged with blood only when occurring profusely. The patients present a markedly pale appearance, and complained of great langour. After the injection of relatively larger doses, the symptoms were aggravated, patients generally complaining of a vertiginous feeling, and after walking a few steps they would feel obliged to seize hold of something for support. . . . With the already painful affections of the abdomen, vomiting occurred, sometimes with bloody dysenteric stools and tenesmus." I need hardly remind you that similar phenomena are observed in acute poisoning by the sublimate, and post-mortem investigation, while showing all the signs of inflammation (including those of dysentery), finds them limited to the stomach and large intestine, the smaller bowel remaining intact.

Quite in accordance with these facts is the use made of *M. corrosivus* in homœopathic therapeutics. In affections of the mouth and stomach, indeed, it is not much employed, though Hahnemann recommends it (fifteenth dilution) in "very malignant, obstinate stomacace, arising after debilitating, prostrating diseases"; and Dr. Pemberton Dudley esteems it highly, in the second and third decimal triturations, in chronic gastric catarrh, with distension and soreness of the epigastrium and of the transverse colon; but when the large intestines are affected, whether with simple inflammation, with chronic ulceration, or with dysentery, its effects are amongst the most brilliant things in medicine. Hahnemann was the first to recommend it in dysentery, saying (in 1822) that he had found it almost specific in the common

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autumnal invasion of the complaint. He gave the fifteenth dilution in single dose; but Dr. Ringer reports correspondingly good results with hourly-repeated doses of a hundredth of a grain. All homœopathists, whether high or low dilutionists, concur to praise it here, and though some would limit its use to a certain variety of the disease, we have Dr. Espanet saying, "In the numerous cases of dysentery which I have treated in Algeria, I have never found the least advantage from substituting for *M. corrosivus* another remedy which seemed more homœopathic to the febrile phenomena or the abdominal symptoms. Dr. Fenith, of Algiers, has made the same remark." *

2. Corrosive sublimate inflames the respiratory mucous membrane of the eyes, nose, and bronchi, and also the lungs. It is highly esteemed in strumous ophthalmia, as you may see by referring to the cases reported by Dr. Böcker in the third and Dr. Kidd in the twenty-second volume of the "British Journal of Homœopathy." Predominance of inflammatory and ulcerative symptoms call for it here, with great photophobia and profuse acrid discharges Drs. Allen and Norton warmly commend it in syphilitic iritis and choroiditis, and in albuminuric retinitis. Dr. Jousset, and with him Dr. Dekursmaccker, treats purulent ophthalmia by instillations of its third decimal dilution. It should be serviceable in the bronchitis of Bright's disease and in syphilitic phthisis (*i. e.*, chronic pneumonia in these subjects).

3. The kidneys are very much affected by this poison. Suppression of urine is a very common phenomenon, and post-mortem investigation shows it to be connected with acute congestion or inflammation of the secreting structure of these organs. The urine is albuminous and bloody during life, in one case (cited by Allen) "presenting granular, fatty tubuli in large numbers, showing on their surface epithelial cells of the tubuli uriniferi also in a state of granular degeneration," and the patients die with all the symptoms of uræmic poisoning. Lower down we have frequent and painful micturition, and sometimes swelling of the penis and scrotum, with blackness of the latter, and intense inflammation — even to sloughing — of the vulva.

M. corrosivus is considered by Dr. Ludlam the best remedy

* Bulletin de la Soc. Med. Hom. de France, XIX. 179.

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for the albuminous nephritis of pregnancy, and is commended by Baehr in nephritis suppurativa. Dr. Yeldham gives it in alternation with aconite, in the first stage of gonorrhœa. I have mentioned its usefulness in phagedenic and sloughing chancre; its homœopathicity thereto is now manifest.

4. Inflammation of the peritoneum and effusion into its sac is a frequent feature in poisoning by corrosive sublimate; and there is reason to suppose that it has a similar influence on other serous membranes. The cerebral arachnoid has been found inflamed by it, and Allen's 883d symptom suggests the spinal arachnoid as in the same state: "Loss of power and stiffness of the extremities, gradually increasing day by day, with excessive pain on any attempt to change the position, until the patient becomes entirely paralyzed."

I have myself the highest esteem for *M. corrosivus* in peritonitis. I have used it here even more frequently than bryonia, and with most gratifying results.

Besides these more obvious applications of the peculiar properties of *M. corrosivus*, it has been used in homœopathic practice in several important disorders, as by Dr. Lawrence Newton in ulceration of the cartilages of the joints,* by Jahr and Hofrichter in syphilitic exostoses,† and in the eczema impetiginodes of scrofulous children. The discovery lately made by Dr. Rutherford and M. Vignal, that it alone of the mercurial preparations is a true cholagogue, may possibly lead to further applications of it as an hepatic remedy. For the present, I must say no more of it.

(*To be continued*)

PHYSICAL SIGNS IN OUR MATERIA MEDICA.

BY HERBERT C. CLAPP, M. D., BOSTON.

In looking over our Materia Medica with special reference to finding *physical signs*, one can hardly fail to notice how conspicuous they are by their absence. When present, they are so vague as to be practically worthless as guides for treatment. As

* Monthly Hom. Review, XIV. 543.

† Jahr's "Venereal Diseases," translated by Hempel, p. 412.

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far as I have observed, no mention is made of percussion signs or vocal phenomena, and the large class of râles, with their well-defined distinctions, is represented only by the indefinite *rattling in the chest, wheezing*, and perhaps one or two others, nothing else being specified as to the exact location, character, time, etc. The varieties of respiration are more numerous, but they are mostly such as must have been observed rather by inspection than by auscultation, such as *anxious* respiration, *convulsive, contracted* (whatever that may be), *cramped, difficult, failing, frequent, intermittent*, etc. Utterly useless to meet the demands of modern science from our point of view are those that imply some sound, such as *croaking, moaning, noisy, sighing, snoring, sobbing*, etc. Among the heart symptoms once in a while we find mention of a bellows murmur, but without distinction of valve, rhythm, or quality. To be sure, this is not so strange, if we remember that when the old provings were made, the science of auscultation and percussion was yet unheard of or in its infancy; and many of our modern homœopathists seem to think it almost sacrilegious to suggest that any improvement can be made on Hahnemann. Yet Hahnemann strongly insisted again and again that the entire organism of the patient should be examined in every possible way, and that the "totality of symptoms" should be made the basis of treatment. We all agree that he was not a mere superficial observer, but a profound thinker and a strictly scientific man, not only willing but anxious to take advantage of the best known methods of investigating disease. Had he lived in our time, he would undoubtedly have been among the foremost to insist on the necessity of the practical physician's acquaintance with and use of the microscope, stethoscope, laryngoscope, ophthalmoscope, chemical reagents, and other valuable adjuncts in the detection of morbid states of the system. His great desire was, of course, to have presented, on the one hand, as perfect a picture of the disease as possible, from every point of view, and on the other hand, as perfect a picture of the pathogenesis of the drug as possible, from every point of view. In fact, so anxious was he to lose nothing that might have any bearing on the case, that he spent much time and labor in observing and recording symptoms of disease which many of us *now* would consider entirely unnecessary, and which to some, indeed, have

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seemed even ridiculous. Nevertheless, it is now apparent that he showed remarkably keen foresight in basing his system of therapeutics on symptoms which are the same in all ages, rather than (like his contemporaries) on shifting theories of disease, the pathology of his time, which is now nearly obsolete.

There is not the least doubt that, had he lived in our times, under no consideration whatever would he have given his sanction to a proving of a drug which had not been conducted on the most scientific principles, and in which all the methods of modern research had not been made available.

According to the homœopathic law, the drug picture must cover the disease picture as nearly as possible. Therefore, the more accurate becomes our knowledge of the nature and manifestations of disease, the more accurate should our knowledge of the effects of drugs on the healthy organism become. If it is necessary for us as scientific physicians to make use of the microscope, stethoscope, and clinical thermometer to diagnosticate disease, equally necessary is it for us as scientific physicians to make use of these same instruments for diagnosticating diseased conditions induced by drugs in the healthy system. Although we believe that the nearer we can approximate the two pathological states (*as well as* the two sets of symptoms), the nearer shall we come to the true similimum, yet the subject just now under consideration is not an argument for *pathology* as the basis of therapeutics, but a more perfect *symptomatology*. On this all can and ought to agree.

For convenience, the term "physical signs" is used technically to distinguish the phenomena of disease as revealed to us by the laws of acoustics (mostly) in the physical exploration of the chest from the "rational or vital" symptoms of disease; and yet in a broader sense, physical signs are just as much symptoms as this latter class, and certainly ought to take a prominent position in our symptomatology. They are very few of them pathognomonic, and have to be grouped, to make a diagnosis, like the common symptons, and in fact *with* them. Their importance no really educated physician at the present day can doubt. Their relation to the diseased condition with which they are associated is certainly much more intimate than that of a great crowd of symptoms which cumber our already too voluminous Materia

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Medica, many of which are merely accidental, and really have nothing whatever to do with the disease or drug action. Physical signs also cannot be called into being by an exuberant imagination, like the symptoms obtained by some drug provers.* They are equally available in young children, the deaf and dumb, idiots and animals. No matter how much pathology may change, no matter how many changes there may be in the theories of their production or their meaning, the *sounds*, when once carefully noted, will remain as immutable and as trustworthy as the plainest subjective symptoms, *headache, chilliness, nausea, etc.*

Of course, it would involve an enormous amount of work to re-prove any considerable number of drugs with special reference to physical signs. If this were the only object to be attained, it is probable that a postponement to a far distant day would result. But for a good while there have been many complaints about our Materia Medica in other respects and loud calls for its purification.

Possibly some time Dr. Dake's (or some equally good) plan for a national college of provers on a strictly scientific basis will go into operation, and furnish results which will be more trustworthy than anything we have at present. Until that time, perhaps a little can be done by individual effort. Where it is not prudent tc bring out the full drug effects on man, the lower animals must be brought into requisition. Of course, it is unnecessary to add that those who conduct the experiments must be thoroughly conversant, theoretically and practically, with auscultation and percussion, and it is very desirable that in all cases the same classification and nomenclature of the physical signs be selected and invariably adhered to, in order to secure uniform results.

TWO CASES OF RUPTURE OF THE CHOROID FROM CONCUSSION OF THE EYEBALL.

H. C. ANGELL, M. D., BOSTON.

L. R., æt. fourteen, was brought to me on Aug. 23 last. One week before, he had been knocked over by a stone thrown by a boy

* See report on *Carbo veg.* to the Am. Inst. of Hom. by Prof. Conrad Wesselhoeft in 1877.

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fifty feet away from him. The stone struck him at the outer angle of the orbit of the right eye, making a wound in the skin, which was afterwards dressed by the family physician. At this time the boy says he could see tolerably well with this eye; but after a day or two the sight began to fade, and when he presented himself to me there was barely a perception of light left; he could merely point out the direction of a gas-light in a darkened room at a few feet distance. His left eye was emmetropic and in normal condition in all respects. The right eye showed no extravasation of blood beneath the conjunctiva, but it was reddened, apparently from epi-scleral injection, over the entire front of the globe. The pupil was enlarged to its fullest extent, and the anterior chamber was black and apparently filled with blood. The eye and the supra-orbital region of that side of the head were quite painful, there was severe photophobia, and the boy, heretofore healthy, looked pale, weak, and nervous. He had no appetite, his tongue was tremulous and white-coated. I prescribed *Nux Vom.* internally, and fomentations of extract *Bell.* in hot water around the eye and a collyrium of Atropine whenever the ciliary neuralgia became severe. The Atropine was prescribed for its sedative effects, and with the hope that it might in some way facilitate the absorption of the blood within the globe; although, contrary to the previously received opinion on the action of this agent, recent experiments, according to Von Wecker, appear to show that Atropine *increases* the intraocular pressure.

The diagnosis and prognosis were of course very guarded. As no light could be thrown into the eye, the use of the ophthalmoscope was inpracticable. There might be in such a case as this, in addition to the paralysis of the sphincter, and the hemorrhage into the anterior chamber, the effects of the blow observable at the present moment, also other and more serious results, viz., suppurative inflammation of the cornea, bursting of the capsule of the lens, and traumatic cataract, rending or stretching of the zonula of Zinn, with dislocation of the lens, rupture of the choroid in the equatorial region or fundus of the globe, and injury of the retina, or the latter might possibly be injured by itself from concussion. There was certainly no rupture of the sclerotic coat, as the shape and firmness of the eyeball were preserved.

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Aug. 28. — With oblique illumination I could see streaks of bright-red blood mixed with the dark; this appeared to be in the back portion of the anterior chamber, between the narrow edge of the pupil and lens. The patient could distinguish white paper (the blank leaves of a book) moved rapidly before the pupil very near the eye. After this the pain and discomfort about the head and eye gradually became better, and in the course of a month vanished entirely. The photophopia and the deep-seated congestion of the front of the eyeball did not wholly disappear for some six weeks. The perception of colors and large objects came still more slowly.

Sept. 21. — He could distinguish the largest letter of test type, No. 200, at nine feet distance. The ophthalmoscope simply showed dark blood and shreds of fibrin floating in the anterior chamber. A month later he could distinguish letters No. 100 of the test type, at ten feet, but it was not until Nov. 19 that the vitreous humor became sufficiently clear to enable me to use the ophthalmoscope to advantage. I then discovered the rent in the choroid. It was situated (as seen with the direct image) between the disk of the optic nerve and the macula. It was about a diameter and a half of the disk in length, and a half, or nearly a half, the diameter of the disk in breadth; its form crescentic, its edges running parallel with the margin of the nerve disk, about one diameter distant from it, curving round the latter below, and not extending quite up to the level of the disk above, the margin of the rupture was very red and ragged in outline, and at the lower end of the wound strongly pigmented. The white sclerotic was plainly visible over its whole extent, and the retinal vessels passed across the gap apparently in normal condition.

The extent and nature of the injury having now been determined, it appeared still necessary to be very guarded in prognosis. Considerable extravasations of blood into the vitreous are absorbed very slowly and sometimes but very partially. There is, unfortunately, no known remedy than can be used to specially hasten such absorption. In the aqueous they are absorbed more quickly, and in this case the anterior chamber was now free and transparent.

Obviously, normal vision in this eye could never be regained. There must always be a blind spot corresponding to this wound

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in the choroid, as the retinal layer over it was so lacerated or displaced that the sclera was visible from within the eye. Further, this injury was so near the macula lutea that it would be likely, perhaps, to disturb the delicate arrangement of the retinal layers there, and thus dull the acuteness of vision for a time, and possibly for all time.

Vision at this date, more than three months since the accident, had not improved greatly, since the clearing up of the anterior chamber. He could only see letters No. 100 at ten feet. There was still paralysis of the sphincter iridis and of the ciliary muscle. With dioptric + 4 (convex glass of about ten-inch focus), he can read very slowly the print in my book numbered 16 and 15. I notice also that he is inclined to so turn his eye that the outer portion of the macula lutea shall receive the image of the object he tries to see. There is no general limitation of the field of vision in any direction, but there is of course almost perfect darkness over that portion corresponding to the choroidal rupture. I last saw this patient on Dec. 30. The ophthalmoscopic appearance of the eye was nearly unchanged, although I noticed a slightly mottled appearance of the choroid around the wound that did not exist before, or could not be seen, or that I had previously overlooked. Vision the same. He had no pain or inconvenience from the eye, and is permitted to resume his school attendance. I hope to keep him under observation, and report his condition a few months hence. It is quite possible, and perhaps probable, that there will be a gradual softening of the globe from choroiditis and degeneration of the vitreous body.

ATROPHY OF THE OPTIC NERVE FOLLOWING CONCUSSION.

Nov. 30 last, while the case just described was under observation, S. C., a young man of twenty, was brought me for consultation. I found the left eye normal in all respects. In the right there was progressive atrophy of the optic nerve. The field of vision was limited in all directions, and the central portion of the retina was so far impaired in function that only the largest letters, No. 200, could be distinguished at a distance of three feet from the eye. The ophthalmoscope showed the usual appearance of atrophy, but besides this I found what appeared to be an old rent in the choroid between the nerve and posterior

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pole of the eye. It was not as large as, but similar in shape and position to, that in my other patient. The edges were less red and jagged, but were partly pigmented, and the sclera could be distinctly seen, as in the other case.

The imperfect history I could get of the case was this: Eight years before, a stone, thrown from a sling in the hand of another boy, had struck the right eye of the patient. He had been knocked down. Since that time he had not had good sight in that eye, and for a few years past, vision seemed to be fading slowly away. This was all I could learn.

The case appears to me a very singular one. I do not remember any instances of atrophy of the nerve due to rupture of the choroid with hemorrhage into the vitreous. Sight is often enough lost from concussion and hemorrhage, but it is to be ascribed usually to choroiditis, softening of the vitreous, and final separation between retina and choroid. Here was a case of atrophy of the nerve in an otherwise perfectly healthy young man, of exceptionally good habits, the affection of the eye and the diminution of visual power dating from the time he was struck on the eye by a stone. The atrophy of the nerve and the retina must be attributed, I suppose, to some unusual injury received by one or both of these parts from concussion, rather than to the choroidal rupture and the hemorrhage.

PHYSIOLOGY IN EUROPE.

BY H. P. BELLOWS, M. D., AUBURNDALE, MASS.

An American physician abroad, visiting the chief cities and universities, and intent upon observing the condition and methods of medical science in the Old World, is perhaps impressed by nothing more strongly than the great attention which is everywhere paid to the study of physiology. The importance attached to it, in comparison with other subjects, he finds to be far greater there than here. He recalls, in his own course, the sparsely illustrated lectures upon the normal functions of the organism, delivered by some active and successful practitioner, who hurried to the lecture-room from his round of visits, and hastened away to the bedside as soon as possible; and this he knows to be a type of instruction in many of our colleges. Sound, practical

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lectures they certainly were, and the need of anything more scientific and far-reaching in that particular department had, perhaps, never occurred to him; least of all had he regarded physiology as a *practical* study, to be learned in great measure by actual observation and experiment under guidance of the professor. A physiological laboratory was probably a thing almost unheard of in the college from which he graduated.

In visiting the universities of Europe he is therefore surprised at the marked difference in this regard. In all countries he finds the physiological course a practical one. Everywhere provision is made for investigation on the part of the student, and the frequent lectures are illustrated by constant experiment and practical demonstration.

In England he finds, in connection with all the universities and great hospital colleges, well-appointed physiological laboratories, where the students perform faithful work as a regular part of their course, and where also advanced investigation is carried on, although impeded seriously in certain directions by the recent law prohibiting vivisection in Great Britain.

On the Continent, where this restriction is not placed upon science, he finds still greater provision for physiological work, and particularly is this the case in the great German universities, where all branches are pursued with the utmost thoroughness, and physiology is considered of vital importance. There he finds, not laboratories alone, but so-called "institutes," richly supported, governed by men of scientific eminence, and devoted exclusively to this branch of investigation and instruction.

A brief description of these may be of interest, and as a fair type will be taken the Physiological Institute connected with the University of Leipsic, at the head of which is Prof. Ludwig, of wide reputation. This is externally a building of commodious and rather imposing appearance, consisting of a central portion and two wings; internally one finds the main building occupied by a spacious, well-lighted lecture-room, with seats rising, row above row, to a considerable height, and below every convenience for experimentation by the professor. In this portion of the building, conveniently reached from the lecture-hall, are also rooms used as the private laboratory of the professor, and still others containing apparatus of all kinds and appliances to aid in

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vivisection and other modes of investigation; while below, in the basement, are quarters where dogs, rabbits, guinea-pigs, and frogs are kept in abundance. Here also is a little engine, pumping air through rubber tubes to the rooms above whenever artificial respiration must be maintained in the progress of experiments.

Passing from this central building into the right wing, one enters large laboratories with perfect light, where are tables, instruments, and reagents most conveniently arranged for students' use in the study of physiological histology, this department being under the immediate charge of an assistant, Dr. Gaule. In the corresponding wing are found lofty, well-ventilated laboratories, fitted with desks and all kinds of reagents and appliances for the study of physiological chemistry on the part of students, this section being presided over by Prof. Drechsel.

At the beginning of each day is delivered in the large hall, by Prof. Ludwig, a lecture, illustrated always in the most practicable manner by actual experiments, dissections, and vivisections. Afterwards, through the day, the laboratories are occupied by students, working quietly at their desks or tables, with instructors always at hand to assist them in cases of doubt or difficulty. And the work is earnest and faithful, however *comfortable* the worker may appear in a foreigner's eyes; for the German student can observe and record the most delicate reactions through the floating clouds which encircle him, and the huge, gayly covered glass of foaming lager or "black Bairisch" which stands near is too old a friend to disturb by its presence.

Thus physiology is studied by medical students in Europe, and learned thoroughly because practically. In our own country there has heretofore been neither demand nor opportunity for such searching work on the part of our students, and it will doubtless be many years before such courses are generally introduced. In a curriculum embracing three years instead of five, there is little opportunity for such thoroughness in any single department. Much is to be learned by us, however, from foreign methods, and if we would advance in medical science, the study of physiology in our country must every year be made more living and practical.

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, JANUARY, 1879.

IT will be seen that the GAZETTE, on entering its fourteenth year, undergoes several changes. Shall we call them the changes attending the age of puberty? Its exterior, perhaps by constant exposure to the sunlight of prosperity, has assumed a duskier hue. Its number of pages has been somewhat reduced, but let us hope that full as much as ever in real value will be crowded into them. Its price has been still more reduced in obedience to the popular clamor and the general "demand of the times." There is no wonder that now many find it a burden to pay even $3 a year for a medical journal, but $1 surely every physician can afford, even if he already takes two or three others. The GAZETTE, being the only homœopathic journal in New England, will naturally, as heretofore, pay particular attention to New England news and interests, but it will not be a sectional journal, and its pages will always contain a great deal that will be of general interest to the whole profession in the country. We have promises of articles from many interesting and able writers; we expect correspondence from far distant parts of the world; but let no one who has anything to say which is really worth saying be deterred by the thoughts of our superabundance from sending it at once to our sanctum in black and white, for our able predecessors in the editorial chair have bitterly complained of that lack of spontaneity in their contributors which rendered perpetual urging necessary. The question of dose will remain an open one.

We wish that many of our good, sensible physicians, scattered about here and there, who seldom appear in print, might know the "more blessedness" of giving, as well as receiving. They must have accumulated many valuable facts, testified to by that great teacher, experience. A medical periodical is just the place for them.

Relying on the promises already received, and trusting to the overcoming of this inertia in others, this lethargy which has fallen on some of our best men, who have no one but themselves to blame if things go wrong, we feel confident of success. In fact, *we are bound to succeed.*

WE congratulate our readers on being the first to see the hitherto unpublished lecture of Dr. Hughes, of England, on the "Distinctive Mercurials," which he sent direct to the GAZETTE, with the best

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wishes for the success of the journal. We know that his promises of good things in the future will be hailed with delight by his many friends in this country. We hope to give very soon a review of his new and interesting "Manual of Therapeutics."

It is with considerable satisfaction that we regard the rapid growth of our Homœopathic Medical Dispensary, during the last five years. In 1873, 1,062 patients were cared for in Boston proper, at the dispensary rooms or at their homes. During the year just passed, that number has swelled to 13,289, and to these patients 32,615 prescriptions have been given. In 1873, the poor from all parts of the city were obliged to go to one building for treatment. Now there are provided for them three places in different parts of the city, by which arrangement their time, shoe-leather, and aching limbs are saved, which certainly ought to be regarded in their cases as well as with rich persons.

On the other hand, the questions often occur, Are we not doing *too much* for the poor in the way of free medical attendance? and is there no way of withholding the benefits of such charitable institutions from that large class of fraudulent impostors who are abundantly able to pay, but yet, lost to all shame of being considered objects of charity, or else hoping to escape the observation of friends in so doing, sponge on the benevolent, cheat the neighboring physicians out of the business to which they are justly entitled, and more or less corrupt the state of morals of the community. Within a month a charity patient drove up to our college branch in a stylish team, although generally such impostors assume the garb of indigence, and often look poorer than the really honest poor. One of our dispensary physicians not long ago discovered, in another department from his own, one of his private patients, who owned the house she lived in unencumbered. You can imagine his feelings, as well as the expression of his countenance.

We beg to be excused from the imputation of desiring to pass these off as new thoughts, which have just flashed from our gigantic intellect. They are as old as the hills; time and time again have they been presented in far more forcible language; homœopaths and allopaths and eclectics are agreed in denouncing this state of things in every city in the world in which there is a dispensary. But so far we are not aware that any real remedy for this evil has been suggested. We cordially invite any one who thinks tha the can suggest something *practical* to embody his ideas in an article for the Gazette. It is not a mere theoretical speculation, but a question which comes right home to many of the physicians (especially the younger ones) in our large

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cities. The emoluments of our editorial office have not as yet placed us in a position to offer a very large prize for the best article on the subject, but we know that its author will receive the heartfelt thanks of the profession.

CALCUTTA, the capital of the British East Indian Empire, was chosen, some years ago, as the seat of a university, established under the patronage of the home government, and supplied, for the most part, with English professors and teachers. According to the "Monthly Homœopathic Review" (English), from which we derive our facts, it has already "taken a high place among kindred universities," and is "the finest outbirth of the efforts of the government to secure, by teaching and example, the higher education of the natives of India." It is designed to be "conducted in such a manner as to free it from narrow prejudice and bigotry." In this laudable design it would seem their efforts have not been crowned with absolute success. On the contrary, the following account, which, for want of room, must be made as brief as possible, shows that narrowness and selfish prejudice are not confined to any particular nationality.

We should premise that, by the constitution of the university, "all its graduates are eligible to the honor of fellowship, the fellows being chosen by the viceroy. Every fellow is *de facto* a member of the senate, a governing body of the university, out of which a few are chosen as the executive, and are termed the syndicate. Besides these bodies there is a Faculty attached to each branch of study, and to medicine among others.

This Faculty is only a deliberative body. It has no executive power in itself, but simply gives advice or opinion on matters referred to it by the senate. The Faculty consists of the professors and a few others chosen by the senate from among their own members, to act with them in their deliberations.

Not many years ago a native — Mahendra Lal Sircar by name — took the degree of M. D. at this university, after having brilliantly distinguished himself as a student, being regarded with great interest and pride by all connected with the establishment. He immediately went into successful practice in Calcutta as a member of the allopathic school, but soon became interested in homœopathy, and finally embraced it with an enthusiasm proportioned to that with which he had formerly opposed it. He started a medical journal (the Calcutta "Journal of Medicine") in the interest of his new views, though he endeavored "to make it the vehicle of truly catholic doctrine," and it

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soon took a notable stand in local medical literature. He seems in every way to have ably sustained himself, and to have rapidly gained a commanding position in the community.

In 1870 — after his open advocacy of the new school of medicine — he was chosen a Fellow of the University. Presently, a vacancy in the Faculty of medicine occurring, Dr. Sircar was appointed by the senate to fill the place. Hereupon a ferment began, which in less than a month resulted in a meeting of the Faculty, at which they passed the following resolution: —

"In consequence of the addition of Dr. Mahendra Lal Sircar's name to the Faculty of medicine by a resolution of the senate, passed at their late meeting on the 27th of April, the Faculty regret exceedingly that they are compelled to point out to the syndicate that they are unable to associate themselves, as a Faculty of medicine, with a member who professes and practises homœopathy, an inability of which probably the senate were not aware when the nomination was made. They trust, therefore, that the syndicate may be able to remove the present difficulty by the transfer of Dr. Mahendra Lal Sircar's name to another Faculty, or in some other manner."

The syndicate therefore requested the senate to reconsider the appointment. Meantime Dr. Sircar, being a man of spirit and not disposed tamely to submit to injustice, addressed a letter to the authorities of the university. We regret that we cannot give much of its substance, for it is a paper of deep interest in every view. He says, in concluding it, "I claim the title of physician, and I claim the right thereunto appertaining, namely, liberty of reason to search after truth, and liberty of conscience to acknowledge truth whenever and wherever found. In my hard struggles as a physician, as a practitioner of the most difficult art on earth, I have only endeavored to exercise that right. If the medical faculty should declare that I have thereby forfeited their confidence, I should respectfully beg to relieve the senate of further responsibility in the matter, and ask them to remove my name at once from the Faculty. My last request is that this letter appear in the proceedings of the meeting."

The senate referred back to the Faculty their resolution for reconsideration, together with Dr. Sircar's letter, to assist them in its redigestion. Of course, as their conclusion was already foregone, they did not follow the hint to show themselves rational men, but further stultified themselves by an evasive attempt to show Dr. Sircar that he "entirely misapprehended the motives which have influenced the Faculty," etc. They of course adhere to their position, — they are still sorry that they cannot, "as a Faculty of medicine, associate with a

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homœopathist." "A certain degree of consensus of opinion as to first principles being necessary in a body of men who are placed in a position of advisers of the university, without which their discussions would be unprofitable," etc. They are afraid, also, of imperilling the interests of the medical department of the university in England, where at that time certain legislation was going forward concerning the colonial universities and their recognition by the home universities and the government. In short, they were governed by what seemed to them sharp policy, and not by high-minded love of truth and justice. So, as already intimated, they adhered to their first resolution, and thus gave Dr. Sircar another and better opportunity to answer them. This he did effectually, going over the entire ground, not of his personal grievances, but of the truth as to the relation of the two schools of medicine. His answer is long, and we cannot quote any small portion without injustice to the whole. The upshot of the whole trial of strength between the parties was that Dr. Sircar was sustained by the senate by a deliberate vote and a respectable majority.

Among the best things occurring during this truly interesting controversy is the speech of one of the Faculty, Dr. Mitra, a Hindoo and an allopath, at the meeting last referred to. His quiet strength and independent adherence to truth, his manly recognition of Dr. Sircar's superior position in the contest, and his clear and fearless statement of the whole case, should put the English Faculty to shame.

When Dr. Sircar had thus vindicated himself and had been thus handsomely sustained by this generous opponent of his school of medicine, he gracefully withdrew.

Societies and Institutions.

HOMŒOPATHIC MEDICAL DISPENSARY, BOSTON.

At the annual meeting of the corporation, held at 14 Burroughs Place, Jan. 8, 1879, the following gentlemen were elected

Officers for 1879.

President, Hon. Otis Clapp, 3 Beacon Street.
Vice-President, Hon. Chas. B. Hall, 61 State Street.
Treasurer, Henry C. Angell, M. D., 16 Beacon Street.
Secretary, I. T. Talbot, M. D., 66 Marlborough Street.
Trustees, Hon. Jacob Sleeper, 14 Ashburton Place; George Russell, M. D., 14 Lynde Street; S. Whitney, M. D., Massachusetts Homœo-

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pathic Hospital; S. Jennison, Esq., 186 Washington Street; Chester Guild, 51 High Street; Alonzo Boothby, M. D., 60 Temple Street; Herbert C. Clapp, M. D., 544 Tremont Street; Edward P. Brown, Esq., 82 Devonshire Street.

The report of the treasurer, H. C. Angell, M. D., was as follows: —

Cash on hand, Jan. 1, 1878	$621 99
Received from various sources	909 96
Total receipts	$1,531 95
Total expenses paid	844 78
Cash on hand	$687 17

The property of the Dispensary consists of bank stock, gold bonds, railroad stock, and real estate, and is estimated at $18,384.

The average cost per patient for care and medicine has been about six and one half cents, or a little more than two cents for each prescription.

The report of the superintendent, H. C. Clapp, M. D., showed the work of the Dispensary, for the year 1878, to be as follows: —

		New Patients.	Prescriptions.
Central Dispensary, 14 Burroughs Place		1,753	4,343
Out patients		476	1,241
West End Branch, Charity Building		946	2,539
Out patients		222	500
Woman's Dept. (open nine months)		406	1,239
College Branch, East Concord Street: —			
(Open every day.)	Medical Department	4,752	10,993
" "	Surgical Department	406	957
(Mon. and Thurs.)	Eye and Ear Department	569	1 452
(Wed. and Sat.)	Heart and Lungs Dept.	484	1,315
(Every Day.)	Women's Department	512	1,565
" "	Dental Department	1,053	1,106
" "	Out patients	1,370	4,468
(Tues. and Fri.)	Throat Department	180	598
(M. W. and Fri.)	Children's Dept. (open three months)	126	255
(Tu. and Fri.)	Skin Department (open two months)	34	44
Total		13,289	32,615

These figures show quite a gratifying increase. In 1876, 7,702 patients received 21,016 prescriptions, and in 1877, 10,011 patients received 27,394 prescriptions.

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MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

THE annual meeting of the corporators of this hospital was held on Wednesday, Jan. 15, 1879. A very large proportion of members was present. Owing to the unavoidable absence of the president, Hon. Rufus S. Frost, the vice-president, Hon. Otis Clapp, presided.

The treasurer, Isaac Fenno, Esq., reported as follows: —

The amount of cash on hand Jan. 1, 1878, was . .	$1,014.48
Received from donations, subscriptions, and various other sources	$6,229 38
Received from paying patients	4,385 84
Total receipts for the year	$10.615 22
Total expenses in carrying on hospital . .	6,882 38
Balance on hand	$3,732 84

The chairman of the Executive Committee, Mr. Chester Guild, presented the report of this committee. The past year has been one of unexampled prosperity. The hospital, with the large tract of land on which it stands, is unencumbered with debt, having been fully paid for, at a cost of about $100,000.

All the expenses of conducting the hospital have likewise been paid, and upwards of $40,000 has been invested in a permanent fund. Of this $20,000 is in first-class securities, such as government bonds, which, though paying a small rate of interest, are deemed secure. The remaining funds, though invested in what were at the time considered perfectly secure bonds, have suffered some depreciation, but it is hoped they will yet prove valuable. The number of patients has been larger than ever before, having increased more than forty per cent over any previous year. The receipts from paying patients have also been larger than ever before. The great care and economy which have been exercised in carrying on the hospital show a gratifying result; for while fifty-one more patients than last year have been provided for, the actual cost has been $475.55 less, while the weekly expenses of each patient have been $7.21 this year, as against $8.89 last year. This is a very gratifying result, since it has been attained without diminishing the comforts, and even luxuries, granted to patients, and compares favorably with even larger hospitals, where the weekly expenses of patients range from $9 to $12 per week.

Dr. C. Wesselhoeft presented the report of the Medical Board. The number of patients treated was 173; discharged cured, 69; improved, 47; not improved, 26; not treated, 5; died, 7; remaining, 19.

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Many severe chronic cases have been sent to the hospital as a forlorn hope. Of these several have been improved, and some entirely cured, while others have swelled the list of "not improved." Of the seven deaths which have occurred, about four per cent of the number treated, with one exception, — a case of typhoid fever received for shelter in the hospital in the last stage of the disease, — all the cases were chronic, and were received with the expectation that they would terminate fatally.

The efforts of the Medical Board have been to treat the patients on homœopathic principles, and in such a manner as the friends and supporters of the hospital, and the homœopathic physicians have a right to expect. The greatest harmony and unanimity have prevailed in the Medical Board, and especially on this point. The liberal policy has been pursued of allowing any physician in good standing to place paying patients in the hospital, and have the professional care of them while there. This has been often done.

Dr. O. S. Sanders presented to the presiding officer a paper, which proved to be a petition signed by several physicians, himself among the number, suggesting "that the incorporators should appoint a Board of Trustees composed entirely of *non-medical* men, who should be instructed to appoint a medical board composed of such men as shall command the confidence and respect of the whole medical profession."

The petition was read and referred to the next Board of Trustees.

Some amendments were made in the by-laws of the corporation.

The president, Hon. Rufus S. Frost, who has served for four years with great benefit to the hospital, tendered his resignation, which was accepted with regret, and a vote of thanks tendered him for his very valuable services. Accompanying this, mention was made of the deep interest and important aid given to the hospital by the late Mrs. Rufus S. Frost, and the deep grief and loss experienced by her death.

Dr. D. G. Woodvine also declined to serve longer as secretary, and a vote of thanks was likewise tendered to him for his services.

The following were then elected officers for the ensuing year: —

President, Charles R. Codman.

Vice-Presidents, Rufus S. Frost, Henry S. Russell, Liverus Hull, Otis Clapp.

Trustees, William Pope, David L. Webster, Wm. B. Merrill, Joel Goldthwait, R. H. Stearns, Chester Guild, Joseph Story, Mrs. A. Hemenway, Mrs. Isaac Fenno, Mrs. Oliver Ditson, Mrs. Geo. R. Russell, Mrs. M. P. Kennard, Mrs. W. H. Kennard, Mrs. Frank R. Allen, Mrs H. B. Stanwood, D. G. Woodvine, Thos. B. Ticknor, Wm. I. Bowditch, David Thayer, C. Wesselhoeft, E. B. de Gersdorff, H. C.

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Ahlborn, H. C. Angell, S. Whitney, I. T. Talbot, Miss Helen Collamore.

Secretary, Miss Ellen Frothingham, 9 Exeter Street.

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Reviews and Notices of Books.

BOOKS RECEIVED.

The Homœopathic Therapeutics of Uterine and Vaginal Discharges. By W. Eggert, M. D., of Indianapolis. Boericke & Tafel. 1878.

Clinical Record Blanks. Third Edition. Prepared by Bushrod W. James, M. D, of Philadelphia. Boericke & Tafel. 1878. Price 40 cents for fifty, 75 cents per hundred.

Of course no one system of recording cases will suit every practitioner. Dr. James's blanks come as near the ideal as anything we have seen. They are three and one half by seven inches in size, ruled with fine lines on both sides, and have spaces for case, number, name, address, age, temperament, diagnosis, main symptoms, date and hour, temperature, pulse, respiration, remedy and remarks.

Transactions of the Massachusetts Homœopathic Medical Society. Vol. IV. 1878. Otis Clapp & Son.

Transactions of the Homœopathic Medical Society of the State of New York for the Year 1878. Vol. XIV. New Style, No. IV. Albany, N. Y.: Charles Van Benthuysen & Sons.

Transactions of the American Homœopathic Ophthalmological and Otological Society for 1878. Copies may be had of the president, T. P. Wilson, M. D., Cincinnati. Price 50 cents.

This society, which is an outgrowth of the corresponding bureau of the American Institute of Homœopathy, now publishes a series of interesting papers presented at its session last June at Put-In Bay. Following the address of the President, T. P. Wilson, M. D., are papers especially interesting to homœopathic oculists, and probably also to many general practitioners, written by Drs. Norton, Wanstell, Phillips, Lewis, Woodyat, Wilson, Campbell, and Vilas. Quite interesting to general readers is Dr. Park Lewis's "Hygiene of the Eyes, with

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Report of Examination of Refraction of Public School Children of Buffalo."

A TABULAR HANDBOOK OF AUSCULTATION AND PERCUSSION. For Students and Physicians. By Herbert C. Clapp, A. M., M. D. Boston: Houghton, Osgood & Co.

LECTURES ON MATERIA MEDICA. By Carroll Dunham, M. D.

PERSONAL.

JOHN A. ROCKWELL, M. D., has removed from Jewett City to Stamford, Conn.

W. G. HANSON, M. D., class of 1878, Boston University, School of Medicine, has located in Everett, Mass.

JULIA A. MARSHALL, M. D., has removed from Dover Street in Boston, to No. 11 Summer Street, Haverhill, Mass.

C. S. HOAG, M. D., of the class of 1877, Philadelphia, has located at Waterbury, Vt., succeeding Dr. M. W. Hill, who has gone West.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 2. FEBRUARY, 1879. VOL. XIV.

A CASE OF PERITONITIS GREATLY RELIEVED BY TAPPING INTESTINE AND DISCHARGING ITS GASEOUS CONTENTS.

H. B. CLARKE, M. D., NEW BEDFORD, MASS.

J. R., farmer, æt. twenty-four, tall and spare, living about seven miles from N. B., sent for me on the morning of Sept. 10, 1878. The following account of his case was given: eight days previously he had got into a tree to reach some honey which he had discovered; leaning heavily across a branch of the tree, whence he supported by his hands another long branch which he was obliged to lower slowly to the ground, his position caused a severe pain at the epigastrium, followed for a short time by an agonizing loss of breath. He soon recovered, however, and the next morning felt quite well.

That night (Sept. 3) he was taken with colic, attended by vomiting and purging. A neighboring physician was called, who injected Morphia subcutaneously, which gave him relief. Cathartic pills were then given, but as they did not act promptly, an infusion of Senna was afterwards freely drank. Three loose dejections followed. The next night (Sept. 4), the colic returned with great severity, attended by a chill. No vomiting or purging. Morphia was again injected as before, with temporary relief. The abdomen now became inflated and tender to the touch, with flatulent rumbling in the bowels. Morphia injections were repeated a few times, when pills (of Opium, doubtless) were given regularly at intervals of three hours. For the six days during which this treatment had continued, there had been no stool, no discharge of flatus, nor had there been any vomiting. Meanwhile the patient had become very prostrate, lying stupid, except

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when roused by unusual pain to a semi-conscious and more or less delirious condition.

The physician in charge had given a doubtful prognosis. The family were in despair, and requested him to ask me in consultation. This he declined to do, alleging as a reason his obligations to the Massachusetts Medical Society. He was then dismissed. The patient at this time (Sept. 10) was lying on his back, his legs extended, face flushed, conjunctivæ injected, pupils contracted, tongue dry, with red edges and brownish coating in the centre, skin dry and moderately warm, pulse 110, weak, respiration 16, temperature 102.5.

The abdomen was inflated over its whole extent, its muscles rigid, its surface uneven from the coils of portions of the inflated intestine. The desire to urinate was frequent, the discharge scanty, difficult, and distressing; occasional subsultus in both upper and lower extremities.

Believing that Opium had been used in excess, I ordered it stopped until there should be further need for it, and prescribed *Merc. Sol.* three-grain powders every four hours. During the interval after the first dose there was perspiration (while sleeping) for the first time in three days. During the night pain became severe, when an enema of Aqueous Ext. of Opium was given. This failing to relieve, a pill left by my predecessor was administered. Within half an hour after it was swallowed, a large quantity, nearly, and perhaps quite, two quarts of yellowish fluid was vomited. Soon after there was a discharge from the bowels of semi-solid, ochre-colored fecal matter.

From this time on, under *Merc. Sol.* [8] every four hours, and *Laudanum* in twenty-drop doses occasionally, as needed for pain (it was required three or four times in the twenty-four hours), there were discharges from the bowels, increasing in frequency for two days, until they were as often as once an hour and had become dark, watery, and offensive. The patient had grown restless, pupils dilated; there was delirium, with excitement; the tongue had lost its coating and was red; thirst intense. The *Merc. Sol.* was now stopped and *Nitric Acid* [3] in water given; five-drop doses every two hours. *Belladonna* [1], in five-drop doses, to be used occasionally when needed for delirious excitement.

Under Nitric Acid the diarrhœa subsided within twenty-four

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hours, and there was apparent improvement in general condition. The abdomen less tympanitic and less tender. Milk was taken with relish. Pulse 70, temperature 100. The effect of the Belladonna in quieting the delirium and restlessness was quite marked.

This improvement continued, and he took milk freely till the night of the 17th of September (thirteenth day of the peritonitis) when, after a large, soft, ochrous stool (the first of any kind for four days), there was suddenly a new and severe access of pain and tympanites, affecting chiefly the upper part of abdomen.

Large and frequent doses of Laudanum were now required to get ease from pain. There was great weakness and intense thirst. He lost desire and ability to urinate, and his bladder was emptied with catheter. *Arsenic* $^{4}{}_{x}$ every four hours.

In the course of two days the whole abdomen again became largely inflated. There was greatest tenderness in left iliac region, which was also somewhat dull on percussion. An enema of warm water was followed by a large stool of the same smooth, ochre-colored, semi-solid fecal matter before described; with this also came jelly-like matter and traces of blood. This movement of the bowels was followed by some temporary aggravation of the suffering. Thinking some fecal matter might yet remain, another enema of warm water was given, but it returned without causing any fecal discharge. After the stool the dulness of the left iliac region was gone.

On the night of the 20th of September (sixteenth of peritonitis), he woke from sleep soon after midnight in great agony from loss of breath and precordial distress. His friends thought he was dying. Laudanum relieved him The next night there was another attack of the same kind at the same hour. Arsenic, which he had been taking for four days, was now stopped, and no further attack of this kind occurred. On the 25th of September (twenty-first of peritonitis) an eruption of red spots appeared over epigastric region, resembling those of typhoid.

For a week there was no material change in his condition. He took but little nourishment, mostly milk, and a few beef-tea injections. When dozing, breathed very slowly, at times almost ceased breathing. There would be a prolonged expiration, succeeded by a long interval before inspiration. At times when sleeping a

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"jumping" of the heart. His breath became very offensive, with putrid (not stercoraceous) odor. Occasional hiccup and subsultus. The abdomen kept inflated, at times extremely so, at others less, when the impression derived from the touch was that of deadness, — a kind of putty-like yielding. It was agreeable to the patient to have gentle friction over it with the hand. This was so from the beginning. At times a tinkling sound of fluid dropping could be heard within the abdomen. Meanwhile a constant and free use of Laudanum had to be kept up to relieve the pain. *Carbo veg.* ^{8x} was also used during this period.

On the 1st of October (the twenty-sixth day of peritonitis) I thrust an aspirating needle into a coil of intestine that was prominent to the right of the umbilicus. There was a forcible rush of gas through it, which could be heard and felt (by hand over needle), while the whole house was filled with its exceedingly pungent, putrid odor. The tension of the abdomen was at once relaxed in the neighborhood of the puncture, and soon after in other parts. Great relief followed this operation. Two days later, the tympanites having returned and again become distressing, I punctured another prominence to the left of umbilicus. This was followed as before by a large discharge of offensive gas, accompanied by a slight oozing of yellowish fecal fluid. This time the discharge continued until there was a general collapse of the abdominal walls. The relief which followed was more complete than before. After the operation an enema of soap and water with olive-oil was given. About eight hours later there was a small stool, the first for fifteen days. This was followed by pain, which an opiate enema *instantly* relieved.

The next day another enema of same kind, with a little of solution of Carbolic Acid added, caused a large, light-colored discharge of gummy matter. Was easy after it, but during the following night had pain and some knotting up of intestines, which required an opiate enema, and under which all subsided.

The next day a spontaneous movement of bowels occurred. The pulse, which during the entire course of the disease had ranged from 100 to 110, fell to 92. Temperature, which had been about 102, fell to 100. From this time on, convalescence was assured. The appetite soon became voracious, the bowels acted normally. Strength has returned but slowly. It has been

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somewhat delayed by a curious circumstance. After the convalescence began to be established, inflammatory action set in at the seat of the punctures made for the subcutaneous injections forty days previously. On the leg a group of confluent pustules formed around each puncture, from which ulcers were developed., On the forearm were abscesses with similar sequel. None of these had entirely healed at the date of my last visit, Dec. 6th.

Feb. 15, 1879, the subject of the above case called upon me, looking ruddy and sound. He declared that he never was so stout and never so well as now.

A sore on his arm and another on his leg still remain unhealed. Serous matter oozes from them, forming a thick flat brownish crust. One on the leg has healed, leaving a depressed cicatrix, as large as a silver half-dime.

Since Dec. 6, 1878, until within three weeks, he has been taking six drops of *Muriate Tinct. of Iron* daily.

The sores have had no local treatment.

A CASE OF CANCER.

BY C. W. SCOTT, M. D., LAWRENCE, MASS.

(*Read before the Mass. Hom. Med. Soc., Oct.* 9, 1878.)

MRS. N. P. F. called upon me in the early part of January, 1872, for advice and treatment. She was born June 17, 1845; married at the age of twenty-three years, and has never borne children; is of a nervo-bilious temperament, and, we may say, has been an invalid from birth. In infancy she was sickly, and in childhood puny, until she arrived at the age of fifteen years, when she became more fleshy and seemed more healthy generally. Previous to her fifteenth birthday, she was in the habit of fainting away almost daily, the attacks occurring most frequently in the forenoon soon after rising. This difficulty gradually wore away after her fifteenth birthday. She was not croupy in childhood, and never has had a fever of any kind; has always been troubled with "humor," face broken out a greater part of the time between the age of twelve and twenty-five; in childhood was somnambulistic, and has always been addicted to talking during sleep. She was never required to work like other mem-

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bers of the family, but was kept out of doors, and allowed free play and amusement, her parents wisely believing that this course offered the best chance of raising her.

After maturity, until the age of twenty-two, she had frequent attacks of "ulcerated sore throat," also a cough most of the time. At this age a change took place; the cough and throat trouble disappeared, and a very troublesome diarrhœa supervened, which never yielded to any treatment.

Previous to this, for many years, at times, there was a semi-purulent discharge from the navel, small in quantity, and often drying into a scab, this condition continuing to the date of her death.

In early life she was vaccinated with virus taken from a younger brother, who is still living, but sickly, and showing unmistakable indications of humor of some kind.

The youngest sister of her father, the mother of a family, died in 1867, of cancer of the womb, aged forty-five years. The daughter of another sister of the father died in 1874 of cancer of the breast, aged forty-two years.

About five years previous to January, 1872, Mrs. F. consulted an old-school physician, who gave her a prescription consisting mainly of pills of a very cathartic nature. To use her expression, "they nearly physicked me to death." From this time forward, the diarrhœa became greatly aggravated, never ceasing more than a few days at a time, and always accompanied by severe pains in the bowels, especially just before and during stools. The appetite was variable, sometimes voracious, at other times moderate or absent. Thus it continued during the entire period of her illness. The stomach tolerated nearly all kinds of food, though she had a better appetite for, and apparently was in better condition when she ate early vegetables, "greens," etc.

During the eleven years in which she suffered from constant diarrhœa, she consulted fourteen physicians of various schools, sometimes with apparent benefit for a few weeks, but never with a cessation of the difficulty.

Occasionally, during the past six years, I have been called upon to treat her for attacks of indigestion, sore throat, acute catarrhal difficulties, dysmenorrhœa, etc., the *old* difficulty continuing uninfluenced by these attacks.

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For eight years previous to May, 1878, she complained of a sensation of fulness and great soreness in the bowels, and was tormented with flatulence, though the stomach was implicated only during an occasional attack of indigestion, which usually passed off in two or three days. There was, on pressure, a hardness or induration within the abdomen, on the right side, though its extent was not well defined, and did not always present the same appearance, frequently being aggravated at the menstrual period.

For several years past the diarrhœtic discharges have varied in number, during the twenty-four hours, from five to twenty or more, containing fecal matter, blood and pus commingled, mucus, shreds, etc. No microscopical examination of the dejections was made. During this period she had but a limited control over the sphincter ani, the desire for an evacuation being followed almost immediately by an involuntary discharge, accompanied by most distressing tenesmus, and not infrequently syncope. Usually, the stools were most frequent during the night, but were increased whenever she assumed a recumbent posture.

During the six months preceding May, 1878, her general health had seemed to be gradually failing, the flesh wasted, and the general appearance indicated that the system was being undermined by some profound dyscrasia.

May 19, 1878, I was called to visit her, and found her in bed, suffering severe, cutting, darting, stabbing pains, located deep within the abdomen, more upon the right side, but extending, at times, all through the abdominal region, excepting the extreme upper portion.

A little to the right and below the umbilicus was an indurated mass, which could be distinctly felt through the abdominal walls, and appeared in area nearly as large as an ordinary saucer, and very sensitive on palpation. This induration continued to extend until the whole anterior portion of the cavity, except the extreme upper part, was occupied, and was extremely sensitive on motion, pressure, or even to the touch.

For several weeks previous to death, there was little or no appetite, but excessive thirst and almost constant nausea, while vomiting was a very frequent accompaniment of stool.

June 24, after more than five weeks of the most intense suffer-

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ing, during which time it seemed as if the disease had been excited to tenfold its former activity and violence, death came to her relief.

June 26, assisted by Dr. D. Humphrey, and in presence of Dr. A. J. French and Dr. Mooers, I made a post-mortem examination. On making an incision through the abdominal walls, I was puzzled in not being able to detect the peritoneum. Continuing, I found myself engaged in cutting through a dense, granular, whitish mass, the *exact* appearance of which I cannot accurately describe.

Upon further examination, this adventitious growth was found to have almost completely destroyed all trace of the omentum and mesentery, also the abdominal and intestinal peritoneum. Over nearly every square inch of the walls of the cavity, save the portion occupied by the stomach, liver, and spleen, the mass was adherent; while buried within and cemented thereto lay the bladder, uterus and its appendages, all of the large intestine, the ileum, jejunum, and a portion (inferior) of the duodenum.

Of course, muscular contraction of the intestines was impossible.

A little below and to the right of the umbilicus, where the trouble first manifested itself locally, and where the growth was most prominent, a vomica was discovered, capable of holding from one to two fluid ounces, leading from which were three circular openings, half an inch each in diameter, leading into the ileum. The vomica contained two or three drachms of pus, and its walls were breaking down and sphacelated.

Thus it will be seen that nearly the whole intestinal tract may be likened to a tortuous sewer, which only served as a passage-way through which drained whatever contents might be present. Why there should be such distressing *tenesmus*, with no presence of hæmorrhoids, is to me a mystery.

A specimen of the diseased mass, containing in addition a portion of intestine and walls of the vomica intact, was sent to the Massachusetts General Hospital for microscopical examination. Following is the statement of Dr. R. H. Fitz:—

"A portion of the small intestine showed numerous small presumably catarrhal ulcers. The mass binding the intestines together was evidently composed of some malignant new forma-

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tion, probably cancer or sarcoma. As cancerous or sarcomatous peritonitis is usually secondary, it is to be inferred that there was similar disease elsewhere."

The liver, spleen, and kidneys were not critically examined, as they had shown no indications of disease during life.

With regard to the treatment of the case, I will say nothing, as the case was under my care but a *part* of the time during the past six years, and I know nothing of the medicines she received from others whom she employed from time to time.

My object has been to give as brief and comprehensive a history as possible, regarding the symptoms, both objective and subjective, during life, together with the very interesting condition revealed by the post-mortem examination.

Of course a thousand questions could be asked, and many of them answered, regarding a case of so long duration, but the already great length of my paper forbids.

(*For the Gazette.*)

THE DISTINCTIVE MERCURIALS.

Part of a lecture delivered in the London School of Homœopathy, Dec. 9, 1878.

BY RICHARD HUGHES, M. D., LONDON, ENG.

(*Concluded.*)

M. cyanatus, the bicyanide of the metal, "mercuric cyanide," we know at present almost entirely from its effects in a few cases of poisoning by it which have occurred and from symptoms furnished us by Allen. It does not corrode chemically as that does, so that its effects on the mouth and throat are of dynamic origin. Among these we find in one case, "buccal mucous membrane red and injected (third day), a round ulcer, with grayish base and upright edges, and encircled with bright red, on the inside of the right cheek (fourth day), the ulcer in the mouth has spread, and is covered by a large, gray, feathery coating (fifth and sixth days)"; and again, "a grayish, diphtheritic-looking deposit around the anus, quite similar to those on the inside of the cheeks"; and again, "a white, opalescent coating on the pillars of the velum palati and on the tonsils." In another case we have "the lips, tongue, and inside of the cheeks

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covered with a grayish-white pulp (fourth day)." In both instances these local symptoms were accompanied with great prostration.

It is not surprising that such phenomena should have suggested *M. cyanatus* as a remedy for diphtheria. Dr. Beck, of France, was the first to make the application; and Dr. Villers, of St. Petersburg, learning it from him, reports that he has had astonishing success with it. Some of his cases are given by Dr. Oehme, in his excellent "Therapeutics of Diphtheritis." Dr. Villers has lately reported that in ten years' time he has treated over a hundred cases of the disease, of all degrees of severity, without a single death, never giving anything but *M. cyanatus.* He began with the sixth dilution, but now prefers the thirtieth. Its effects are very rapid, the exudation generally clearing away within twenty-four hours, and the general symptoms improving *pari passu.*

Dr. Villers is not without supporters in this experience of his. One of them is an old-school physician of the same city, Erichsen by name, who claims to have been more successful with it than with any other remedy, giving from one forty-eighth to one ninety-sixth of a grain for a dose. Even when the false membranes extended into the larynx, he found them clear away under the action of the drug. Of twenty-five cases thus treated, he lost three only, — one from cardiac paralysis, one from suppurating parotitis, and one from meningitis; but even in these cases the local disease was gone.* He, of course, omits to credit the remedy to his homœopathic colleague. Dr. Jousset esteems it the best medicine in the putrid form of the disease; and Dr. Burt, of Chicago, has lately stated that for the last three years he has been administering it in diphtheria with such wonderful curative results that now, as soon as he is certain that he has a case of diphtheria to treat, he at once puts the patient upon the cyanuret of mercury, with a feeling of almost absolute certainty of curing him. In two at least of his cases the membrane had invaded the air-passages.† The two last-named practitioners employed the lower triturations.

Dr. Burt experimented with the poison on a dog, injecting it

* St. Petersburg Med. Wochenschrift, 1877. † American Homœopathist, II. 22.

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under the skin. Great prostration, with feebleness of circulation and respiration, were produced; and on post-mortem examination the larynx was found inflamed, with its mucous membrane and that of the posterior nares loaded with mucus, and the right ventricle contained a white, fibrinous clot. In the "Homœopathic Times" for October, 1877, Dr. W. A. Allen writes, "A partial proving of the cyanide gave great prostration and weakness, a low febrile condition, a whitish-gray deposit upon the tonsils and mouth, extending along the right side of the tongue, with slightly swollen tonsils and difficult deglutition."

These symptoms are given as communicated to me by the prover. The prostration and other symptoms were so severe that he ceased taking the drug, — the second potency had been used, — and rapidly recovered by the use of Baptisia. I think that such facts should encourage us to a free and trusting use of this remedy when we encounter the disease in question.

Mercurius iodatus,
Mercurius biniodatus. } By these names we designate the two compounds which Iodine forms with Mercury, — the green and red iodides (*fulvum* and *rubrum*) of common language, — the mercurous and mercuric iodides of our present chemical nomenclature. They are prepared by trituration. I group them together, as they have much in common, but shall not fail to indicate their distinctive places.

The mercurial iodides are prepared by trituration. Both have been proved in the school of Hahnemann, — the protiodide by Drs. Lord and Blakely, on six persons, the biniodide by the Philadelphia Provers' Union. The pathogenesis obtained by the latter experimenters is given by Hering in his *Materia Medica;* both may be read in Allen.

They add little to our knowledge of the physiological action of the compounds, which had been ascertained to behave mainly like Mercury, though the double equivalent of the nitrogen in the biniodide made it exceedingly irritant. Their use in the old school has been mainly in the treatment of syphilis, and Ingol's experience with Iodine in scrofula made it supposed that they would be especially suitable to patients having this diathesis. I do not know that the idea has been confirmed, and it has not prevailed in the homœopathic school. Here the compounds (and

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especially the biniodide) have been reckoned the best mercurial for secondary syphilides; and Drs. Yeldham, Clotar Muller, and Meyhoffer on the one side, Drs. Farrington and MacFarland on the other, concur to commend them, the former giving the lower triturations, the latter the highest dilutions.

The other chief sphere of action of the mercurial iodides in homœopathic practice has been affections of the throat, especially when its glandular apparatus is involved. Dr. S. W. Cook, of New York, introduced the protiodide as a remedy for follicular pharyngitis, giving it in the first trituration,* and since Dr. Black communicated his favorable experience with it in 1857–8,† it has been the favorite remedy for the disorder in this country.‡ Dr. Cooper praises it in chronic enlargement of the tonsils, when an inflammatory tendency is still present and superficial ulcerations are seen. § Dr. Blakely, its chief prover, considers it indicated in affections of the throat (and, indeed, of most other parts) where the tongue is coated bright yellow at the base, but is clean in front. ‖

A more questionable use of these compounds is their application to diphtheria. There is nothing in their pathogenesis to lead to their employment here, yet there is no question of their being in extensive use and high esteem. Dr. Ludlam, indeed, produces ¶ a formidable array of symptoms as produced by the iodide, on the authority of Dr. Cook; but if the original be consulted, it will be seen that the author is describing the morbid conditions he has *cured* with it. I myself have used them largely, and closely watched their effects, but I have not been able to satisfy myself of their exerting any action upon the morbid process. However, one cannot ignore the favorable results which Drs. Black, Ludlam, and Helmuth report from the iodide, and Drs. Madden, Joslin, and Dowling from the biniodide. I myself have seen excellent effects from the latter, when the scarlatinal throat has assumed a diphtheritic character, with much swelling of the external glands, and Dr. Russell found it curative in the dangerous parotitis of typhus.**

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* See Jahr's Manuel, ed. Snelling *sub voce.* † Brit. Jour. of Hom., Vols. XV. and XVI
‡ See Ibid, XXXI. 287. § Monthly Hom. Review, XII.
‖ United States Med. Investigator, IV. 165.
¶ Clinical Lectures on Diphtheria, p. 103. ** Clinical Lectures, p. 343.

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Dr. Holcombe praises *M. iodatus* in chronic catarrh of the posterior nares, when the patient is annoyed by constant dropping of mucus into the pharynx.

Mercurius oxidatus ruber, the old "red precipitate," is also prepared by trituration. Allen gives a short pathogenesis of it, derived from fourteen observers, one of whom was a prover. Hartmann, Jahr, and also the later homœopathists of Germany, esteem it highly in the severer forms of both primary and secondary syphilis, when *M. vivus* or *solubilis* seem ineffective. They all give it in the first trituration, and its *modus operandi* may be inferred from what Hartmann says, that in one case he was compelled to give the sixth of a grain of the pure oxide three times a day before he could check the disease, and that no medicinal symptoms appeared, *save soreness of the gums and some loose teeth.* It removed a chronic blepharitis in the prover I have mentioned, and is esteemed by some in strumous ophthalmia and the other conjunctival affections for which mercury is suitable.

Mercurius sulphuratus, the compound of Mercury with Sulphur, appears in Allen's "Encyclopædia," under its own name of Cinnabar (it is the vermilion of commerce). His pathogenesis of it is mainly made up of a very thorough proving of it, instituted by Dr. Neidhard, and carried out on more than twenty persons, using various potencies of the drug. The record of these experiments may be read in detail in Metcalf's "Homœopathic Provings."

Cinnabar is prepared, like the other insoluble mercurials, by trituration. Dr. Neidhard was led to prove it by the idea that "substances found in a naturally compound state are probably better calculated to eradicate the many complicated chronic diseases than the simple substances." I hardly think, however, that the results in this instance have supported his supposition. The proving yielded little but the disappearance (under the third trituration) of a chronic sore throat similar to that described by Dietrich as caused by mercury, and the almost invariable production of sleeplessness by night with sleepiness by day. Therapeutically, Cinnabar is in repute in the transition stage between primary and secondary syphilis, when vegetations and mucous patches are the predominating lesions. Jahr and many others praise it more, as you may see from consulting this writer's

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treatise on venereal diseases. It is also esteemed in neglected chancres and in those which have already been treated with mercurials, but without the constitutional effects of the drug having been induced.

DIPHTHERIA.

S. M. CATE, M. D., SALEM, MASS.

I HAVE found Tincture of Cubeb of service as a gargle in diphtheria. I have used a gargle of one drachm of the tincture to two thirds of a tumbler of cold water, and directed the patient to gargle the throat every two, three, or four hours, according to the severity of the case. As infants and quite young children cannot use a gargle, I have had such patients swallow a small portion of a mixture of from one fourth to one half the strength of the one just mentioned. In most cases, *Rhus*, *Bryonia*, *Ipecac.*, *Belladonna*, or *Mercurius* were given, according to the indications for the constitutional symptoms. The membrane has been rapidly dissolved and removed by this gargle. In some cases, in connection with the gargle above named, a teaspoonful of a solution of two or three drops of the Tincture of Cubeb in half a tumbler of water was given every two hours without other medicine, with the best results.

A CASE OF OCCLUSION OF THE PYLORUS.

BY A. H. ALLEN, M. D., NEW LONDON, CONN.

MR. L., aged seventy, died Jan. 10, 1879, of a disease from which he has suffered for twenty-five years, and which has perplexed the medical profession in this vicinity not a little.

A history of his trouble may be interesting, and I will give it as communicated to me by the patient at my first visit.

"I have always been a hard-working man, my occupation being that of a farmer and teamster. Some twenty-five years ago, while loading and teaming logs, I was caught by a log rolling over on my left hand, and held so tightly that I could not extricate myself. Being alone, and five miles from any assistance, there was but one way left, and that was to lift, if possible, the log and let my hand free. With all the force I could apply, in one mighty effort I suc-

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ceeded in disengaging my hand, but at the moment I was lifting the hardest, I felt something break. Vomiting of blood followed, and it was thought by my physician that I could not survive, but after a few weeks I was at work again. I had a good appetite, and indulged in hearty food in great quantities. With one exception, everything was normal, apparently. From the time I went to work up to the present time I have vomited every two, three, or four days, but without nausea or prostration. When my stomach was too full, I would simply relieve it by vomiting. My bowels have moved every two or three days until the last year, during which they have not moved as often, — perhaps once a week. My appetite is good and always has been, but now I am afraid to eat very much at a time for fear of distress and vomiting, and I have sent for you to see if you can help me."

After hearing the history of the case, I told him I would think of it and give him an answer the next day. I made up my mind that an occlusion of the pylorus by stricture, either partial or complete, was the cause of his difficulty, and on my next visit I told him that I could not cure him, but might, perhaps, relieve him when in distress, and that these attacks would probably grow more and more severe until they wore him out. This prediction was fulfilled, and after a while he passed away, a great sufferer.

The friends desired a post-mortem examination, and I was much pleased to have an opportunity of solving a mystery which had perplexed older heads than mine. On the 12th of January, Dr. J. E. Linnell, of Norwich, and myself, performed the autopsy, and, upon careful examination of the abdominal organs, everything was found normal except the pylorus, where we found not only a stricture, but also a foreign substance, resembling a biliary calculus, about three fourths of an inch long, and completely filling the gut. Back of this plug were two smaller ones, of a three-cornered shape, and seemingly of the same material; and still back of these smaller ones was a stricture, preventing the whole from passing into the duodenum. I have preserved the specimens.

Now, the question arises, How came this foreign substance in the gut, completely filling it, and assuming its shape?

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, FEBRUARY, 1879.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE has received not a little gratuitous advertising of late in the daily papers. To be sure, the best friends of the school were not taken into consultation when the particular methods of advertising were devised; on the contrary, the whole plan was part of a scheme to injure the school as much as possible. The result, however, we feel confident, will not affect the reputation of the institution in the long run. Slanderous statements may for a short time influence the minds of superficial and careless observers, — where a good deal of mud is thrown, a little of it is apt to stick to the cleanest record, — but slander, we must remember, is very like a boomerang, which is apt to recoil on the head of him that throws it.

The immediate cause of the publicity above referred to was the expulsion for cause of a certain student from the school. Angered beyond measure on receiving this just punishment, and determined on revenge at any cost, he sought a reporter of the lowest of our daily newspapers, one which is always ready to pander to the cravings of the lovers of the latest sensation, no matter how vile it may be, and poured into his willing ear a mischievous concoction of mingled falsehood and truth (which has already met the eyes of many of our readers), designed to show up the shortcomings of the school, real and pretended, to justify and gain sympathy for himself, and also to spread the ridiculous idea among the public at large that the students were universally dissatisfied and were arrayed *en masse* against the Faculty, and that the school was about to fall to pieces. Of course such news would naturally be *nuts* to a reporter, and he made the most of it. A part of this scheme for defamation was somewhat skilfully devised. The worst kind of a lie has truly been said to be that with which some truth is interwoven. In this case, for instance, the complaint of a majority of the middle class about the lengthened term was, in our opinion, founded upon simple justice. The class entered under the implied compact that they were to graduate in March, 1880; and any alteration of that compact without their consent, even if designed for their good, was *ex parte* legislation and a direct violation of the terms of agreement. We were glad that the Faculty finally receded from its

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position on this point, although we regretted that the class did not unanimously accept the new arrangement in the spirit in which it was offered, and feel thankful that they could participate in the increased advantages which succeeding classes were to enjoy. How they felt towards the Faculty, however, when this grievance had been removed, can be judged from their resolutions in another column.

The expelled student, though displaying his cunning in several points, did not preserve it to the end. Blinded with rage and losing all self-control, he launched out into such low vituperation and personal abuse, as to produce a complete reaction in the minds of the intelligent part of the outside public and show them what kind of a man he really was. Of such a one perhaps we could expect no better things, but we were grieved to see regular members of the profession dragged into the newspapers in the College and hospital controversy.

We, the homœopathic profession, in order to withstand the many outisde influences arrayed against us, have particular need of harmonious co-operation in our own ranks. Recognizing the fact that the days have not yet come, when the lion shall lie down with the lamb, and taking it for granted that we must have occasional quarrels, let us have enough regard for our reputation to keep these quarrels to ourselves, and not make ourselves ridiculous by parading them in the public newspapers. Let us not voluntarily offer our weak spots to be probed by the sneers and chucklings of our allopathic brethren. To be sure, they also have plenty of quarrels among themselves, but they are often shrewd enough to hide them from the public gaze.

While we deprecate the stirring up of strife among us, and the prolonging of it when once set on foot, we recognize the fact that the *Gazette* is the only proper channel through which important differences of opinion affecting the status and harmonious working of our institutions should be permitted to reach that portion of the public most directly interested, — namely, the profession. Instead of spreading the matter by means of reporters before the general public, which cannot possibly form a clear or just opinion of the merits of the case, we earnestly request those of our colleagues most directly involved in these various matters of dispute, to bring their grievances to the pages of the *Gazette*, where both sides may be assured of a fair and ample opportunity to state their case.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The following resolutions have been adopted unanimously by the respective classes of this school, and show conclusively the state of feeling of the students toward the school and its Faculty.

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TO THE FACULTY OF BOSTON UNIVERSITY SCHOOL OF MEDICINE: —

Whereas, for some time past, efforts have been made by certain persons to represent the students of the Boston University School of Medicine as being dissatisfied with the present government of the school, its curriculum and lengthened term; therefore be it resolved,

First. That we, the members of the Junior Class, do hereby disclaim all connection with this movement.

Second. That we are fully satisfied with the administration of the college government and with the instruction we receive, believing them to be the best possible that can be devised.

Third. That we do hereby express our loyalty to the Boston University School of Medicine, and to every member of its Faculty, and do propose *now* and *always* to do everything in our power to uphold this institution.

E. F. RENWICK, *Secretary.*

BOSTON, Jan. 31, 1879.

TO THE FACULTY OF BOSTON UNIVERSITY SCHOOL OF MEDICINE: —

Whereas, articles have recently appeared in the public press which are calculated to mislead by distorted and unfair representations concerning the relations between the Faculty and students in Boston University School of Medicine; and

Whereas, the dissatisfaction in the Middle Class was that expressed by some of its members in regard to the lengthened term, which cause of dissatisfaction has been removed by a vote of the Faculty; and

Whereas, we believe that no medical school in the country has a more efficient, faithful, and disinterested Faculty, a more mature body of students, a more cordial mutual relation of respect and co-labor; therefore

Resolved, That the Middle Class have the highest respect for and most perfect confidence in this Faculty, from whom we have received nothing but kindness and uniform attention; and we, as a class, desire to renew to our instructors our pledge of esteem and fidelity.

(Signed)

E. O. ECKERT,
S. W. HOPKINS,
S. G. BAILEY,

Committee for the class.

BOSTON, Jan. 30, 1879.

TO THE FACULTY OF BOSTON UNIVERSITY SCHOOL OF MEDICINE: —

At a meeting of the Senior Class, held Jan. 29, 1879, the following resolution was unanimously adopted: —

Whereas, through the maliciousness of disaffected individuals, attempts are being made to injure the reputation and usefulness of Boston University School of Medicine; therefore be it

Resolved, That we, the Senior Class of said school, most earnestly wish it known that we heartily support our Faculty in their government of the school, realizing that they are doing all in their power to make it pre-eminently successful.

C. E. ALDRICH, *Secretary.*

BOSTON, Jan. 30, 1879.

At a meeting of the ALUMNI of the Boston University School of Medicine, held Feb. 6, 1879, the following resolution was passed: —

Resolved, That an expression of our respect for and confidence in the Faculty of the Boston University School of Medicine, and satisfaction in the present management, together with our reprobation of interference therein by outside parties from selfish motives, be forwarded to the Secretary.

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Reviews and Notices of Books.

BOOKS RECEIVED.

Allen's Encyclopædia of Pure Materia Medica. Vol. VIII. Boericke & Tafel. 1879.

We have already been in possession of this volume for some time, and regret the delay in noticing it the more, as the readiness and promptness of both the editors and publishers are among the few outward and visible signs of genuine interest in and properly directed effort for the advancement of therapeutics in this country. The work of even scanning superficially such a mass of details requires, if done intelligently, an amount of time which hardly any other work can claim at our hands.

This volume now at hand comprises the drugs running from Plumbum to Serpentaria, —a list which will suggest to any one in the least familiar with pharmaco-dynamics a number of important remedies, without which no man among us, walking in the light of the present day, can presume to practise. To be able to apply them henceforward, with the sources of all the detailed knowledge concerning them at hand, and easily referred to by him who will take a little trouble to familiarize himself with the arrangement of the work, is an inestimable blessing. Our repertories have, for the most part, especially of late years, and by the younger generation of homœopaths, been taken wholly on faith, without any effort to gain even approximately a right understanding of the origin, character, or relations of the symptoms enumerated. It is not easy to imagine, among all the obscuring influences surrounding the acquisition or application of therapeutical knowledge, anything more fatally subversive of all true scientific aims or of all genuine success in practice than this and all memorizing of symptoms without doubt or inquiry; nor can there be a question that the two extremes of blind fanaticism and of stagnating scepticism, by which our school is riven and rent, and which paralyze all progress, have their origin in the wide-spread ignorance of and indifference to the sources and origin of our *materia medica*. With the facilities now afforded by the Encyclopædia for tracing and verifying the symptoms and pathological processes and conditions of the pathogenesis of any drug, we are not only warranted in looking for a speedy change in the teaching of *materia medica* in our schools, and in the more intelligent application of drugs in practice, but also for more perfect provings, and

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for a gradual dying out of that baneful tendency, to which most of our journals bear witness, of publishing bald and unsupported assertions of the cure of one or the other diseases by one or more doses, high or low. of a particular medicine.

We have abstained from any attempt at a review of each individual volume as it has appeared, and confine ourselves, for the present, to pointing out to our colleagues the importance and the character of the work, upon which, for many years, perhaps for many generations, the best work emanating from our school at the bedside, in proving, and in the purification of our *materia medica* must be founded.

To our younger *confrères* we venture to make a suggestion, which, we trust, may not fall on wholly barren soil. If one or more of them will patiently and with due circumspection cull from this work, and arrange with references, etc., all, or a large proportion of the clear and self-evident cures reported by allopathic physicians, of symptoms or diseases corresponding closely to those produced by the curative drug, — cases of *homœopathia involuntaria*,—they will not only gain knowledge and fame for themselves, but they will give into the hands of the feeblest among us a weapon by which he can crush the most powerful or wily assailant of homœopathy at a blow. *Verbum sapienti sat.* W. W.

HELMUTH'S SYSTEM OF SURGERY. Third Edition. Boericke & Tafel. Sheep. Price, $8.50.

We know that the whole homœopathic profession will welcome the appearance of the third edition of this standard work, which has been so well received and appreciated that it needs no encomiums from us. We will merely call attention to some of the recent improvements. Much new matter has been added, in order to bring the work fully up to date. Some has been omitted, some rewritten. The current periodical literature of both schools seems to have been ransacked for the freshest material and the latest expedients. A new chapter has been added on "Inflammation and the Repair of Tissues," one on "Tumors," and another on "Ovarian Diseases and Ovariotomy." Dr. John H. Thompson has contributed a chapter on the "Varied Methods of Dressing Wounds," and Dr. John Butler a complete monograph on "Electrolysis." About forty new wood-cuts have been added, making the whole number five hundred and sixty-eight. On page 403 begins an account of the new operation of "Nerve Stretching," an interesting case of which we shall give our readers in the March number of the *Gazette*. Another remarkably successful case, operated on by Dr. Helmuth, at the Hahnemann Hospital, we have on hand for our April issue, and a third will appear in May. If such results are to be the rule, the opera-

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tion will be a perfect God-send to those who are made such miserable wretches by that horrible torturer — *severe sciatica.*

Fully one-half more printed matter, the publishers say, is given in this edition than in the second, and yet the price is $3.00 less.

LUDLAM'S DISEASES OF WOMEN. Fourth Edition. Chicago: Duncan Brothers.

These lectures, clinical and didactic, delivered in the Hahnemann Medical College and Hospital, are so well known to the homœopathic profession all over the world that it is useless to speak the praise which involuntarily comes to our lips. We are pleased to learn that the work has been translated into French by Drs. A. Claude, of Paris, and C. N. Dorion, of St. Paul, Minn. The latter, by the way, was formerly associated with Dr. Ludlam in Chicago. To the fourth edition are added two new and very interesting lectures on *Ovariotomy* and *Puerperal Endo-metritis.* Such a book is a great credit to our school. It certainly has no equal on the subject of which it treats.

THE STEPPING-STONE TO HOMŒOPATHY AND HEALTH. By E. H. Ruddock, M. D. Chicago: Halsey Brothers. Price $1.00.

This is announced as the seventh American from the seventh London edition, with additions and alterations adapting it to the climate, diseases, and customs of Americans. For several years we have recommended Ruddock's "Stepping-Stones" to our families as the best domestic work on medicine published. People will dose themselves for slight ailments, and a book which gives such clear and simple directions as this does, and prevents constant recourse to *Epsom salts*, *rhubarb*, *composition*, and such trash, cannot fail to do good. The great reason of its superiority to many of our domestic homœopathic books is to be found in its *simplicity and moderate size.* Some others are so bulky and go so extensively into details, as to utterly discourage or disgust the average mother in her perplexing choice of remedies.

ARCHIVES OF MEDICINE. A bimonthly journal, edited by E. C. Seguin, M. D. New York: G. P. Putnam's Sons.

The first number of this new allopathic journal makes its appearance with certainly the most elegant get-up we have ever seen for a medical periodical. It is very handsomely printed in large octavo form on heavy paper, and some of its articles are illustrated. It is designed to be in some respects a continuation of the "Archives of Scientific and Practical Medicine," formerly edited by Drs. Brown-Sequard and

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Seguin, and of the "American Clinical Lectures," edited by Dr. Seguin, and aims to be a very scientific journal. Its best original articles are "A New Method of removing Interstitial and Submucous Fibroids of the Uterus," by T. G. Thomas, M. D., and "The Aid which Medical Diagnosis receives from Recent Discoveries in Microscopy," by C. Heitzman, M. D. Each number has 112 pages.

The same house will begin in March the publication of a new quarterly to be called "Neurological Contributions," by Prof. Wm. A. Hammond, M. D., assisted by W. J. Morton, M. D. Each number will be complete in itself, will contain at least ninety-six pages handsomely printed, will be freely illustrated, and will cost $1.00. It will be devoted to diseases of the mind and nervous system.

ELLIS'S DISEASES OF CHILDREN. Third Edition. Wm. Wood & Co.

This forms the second volume of Wood's "Library of Standard Medical Authors," noticed at length in last October's *Gazette*, and a very creditable issue it is too; printed on handsome, cream laid paper with long primer type. It is sold only by subscription for the whole series, as already explained, and is a marvel of cheapness.

INDEX MEDICUS, Vol. I., No. 1.

IT is generally known to the medical profession and those interested in bibliography that Dr. John S. Billings, Surg., U. S. A., in charge of the National Medical Library at Washington, is now ready to print his great "National Catalogue of Medical Literature," as soon as Congress grants an appropriation for the purpose. This indexes under subjects and by authors, books, pamphlets, and original papers in nearly all the medical periodicals of the world; including over 400 000 subjects entries, and making ten volumes royal 8vo of 1000 pages each. This will be of the greatest value to physicians the world over, as it enables them to find analogues for peculiar and difficult cases, and thus often to save lives. In continuation of this work, it is now proposed to publish monthly, under the editorship of Dr. Billings and of his assistant, Dr. Robert Fletcher, M. R. C. S., a current medical bibliography under the title of the *Index Medicus*. It will be issued by F. Leypoldt, the bibliographic publisher, 37 Park Row, New York, at $3 per year, and will enter all medical books and index the leading medical journals and transactions in English and other languages. A full list of the latter, numbering over 600, forms a part of the specimen number of the *Index* now issued under date of Jan. 31, 1879, which is a very creditable production and shows an enormous amount of work, which, however, will be appreciated by those who have occasion

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to resort to the needle-in-the-haymow task of hunting over our current periodical medical literature for articles on special subjects. We wish the new enterprise success.

A TREATISE ON THE HORSE AND HIS DISEASES. By B. J. Kendall, M. D., Enosburgh Falls, Vt. 25 cents.

This pamphlet seems to be mainly an advertisement of "Kendall's spavin cure," which is recommended for so many diseases that it must be a universal panacea. Diseases which this does not reach — if there be any — are treated in a very heroic manner. We are glad, however, that he advises against bleeding in pneumonia and actually uses aconite, though in twenty-five-drop doses every four hours. There are several wood-cuts from Mayhew and others, showing the positions which horses assume when sick.

SOCIETIES AND INSTITUTIONS.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

Reported by Geo. B. Peck, Jr., M. D., Secretary.

THE twenty-ninth annual meeting of this society was held on Friday evening, 3d inst., in the apartments of Drs. Barrows, Wilcox, and Green, on Mathewson Street. The most important item was the consideration of a new constitution and code of by-laws, reported by Drs. Sawin, Budlong and Knight. These were finally adopted as presented. Their only point of general interest is found in the preamble, which states that "the subscribers, practitioners of medicine, residing, etc., believing the law propounded by Hahnemann, 'Similia similibus curantur,' to be a fundamental truth in the science of medicine; and further believing that the best method of advancing the science of homœopathy in this State is by the effective organization and co-operation of its adherents, do agree to form an association," etc.

It is a little singular that the reading of this paragraph caused no discussion, for by its adoption the last condition of exclusiveness was removed. The old constitution contained the words "and the only safe guide in its practice," which might be objectionable to some as savoring too much of dogmatism. But now a statement is made whose accuracy is indisputable, for the most bitter enemy of Hahnemannism admits that *some* medicines act in accordance with the law of similars. To discover how many remedies may be used in this manner, and under what conditions, is henceforth the object of the Rhode Island Homœo-

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pathic Society. It devotes itself to the culture of a certain department of the healing art, and *therefore*, like gynæcologists, oculists, aurists, and surgeons, its members are entitled to be considered specialists, not separatists.

The following officers were chosen for the ensuing year: *President.* — William von Gottschalck. *Vice-President.* — I. W. Sawin. *Secretary.* — G. B. Peck, Jr. *Treasurer.* — G. D. Wilcox. *Censors.* — F. W. Bradbury, E. B. Knight, T. H. Mann.

Dr. Charles L. Green presented a long and interesting essay on Pyæmia and Septicæmia.

Dr. Ira Barrows read a paper "On the Question of Potencies," showing that the quantity of a remedy given is no index of a physician's fidelity to homœopathy.

Dr. Gottschalck reported a singular case of twin molar pregnancy, exhibiting the second specimen preserved in alcohol.

At ten o'clock more than twenty-five members, with their friends, passed across the hall to the reception-room, whose folding-doors had been opened wide, and found a table groaning beneath the weight of Tillinghast's best endeavors. Here, in almost tropical heat, amid the fragrance of sweetest flowers, and later of the choicest Havanas, two hours were delightfully passed in feasting, story-telling, and speech-making.

Personal.

Dr. J. C. Gannett has removed from Waterville, Me., to Yarmouth, Me.

J. H. Woodbury, M. D., on account of an asthmatic difficulty, has been obliged to leave Boston and has gone to Colorado.

J. E. Slaught, M. D., of the class of '78, Cleveland, O., has located at Hamilton, N. Y., in company with G. L. Gifford, M. D.

Harry H. Cushing, M. D., has removed from 34 Lambert Street, Boston Highlands, to Needham, Mass. P. O. address, Grantville.

Sarah J. Hutchinson, M. D., has removed from Chelsea to 1222 Washington Street, Boston, under the new name of Mrs. J. S. Shaw, M. D.

H. P. Bellows, M. D., who spent six months abroad last year, devoting himself to special study in Prof. Ludwig's physiological laboratory at the University of Leipsic, has located at Auburndale, Mass.

The annual meeting of the Alumni Association of the Boston University School of Medicine will be held at the Revere House, Boston, on Thursday, March 6, at 4 P. M. Dinner at 6 P. M. Dinner tickets $1.50.

There will be a reunion of the class of '77, B. U. S. M., at Hotel Bellevue, 17 Beacon Street, on Wednesday, March 5, at 11 A. M. Lunch at 12 M.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 3. MARCH, 1879. VOL. XIV.

NERVE STRETCHING.

OPERATION AT WARD'S ISLAND HOMŒOPATHIC HOSPITAL. BY DR. WM. TOD HELMUTH.

[*Case conducted and reported by George R. Stearns, M. D. (Interne).*]

CASE I. D—— R——, age nineteen, single, nativity New York, entered the hospital July 23, 1878, giving the following history: In February, 1874, she fell three times on the ice, and injured the left hip and leg. She says there was five (5) inches shortening of the leg with eversion of the foot. Was taken to Roosevelt Hospital, where she had plaster of Paris bandage to the hip for six weeks; then an abscess formed over the hip, and broke. After this she had extension with weight and pulleys for six months, and with a long splint for three months. Another abscess formed on the outer side of the thigh and was opened, and she also had an attack of erysipelas in the leg. Then she had more extension with weight and pulley for three months, and with long splint eight months. Having been in that hospital for two years she left, being then able to walk with assistance, though the leg was still somewhat short, and there was considerable pain on trying to use it to any extent. She continued slowly but gradually to improve till July 19, 1878, when she fell down stairs, and injured the leg again severely.

On entering this hospital (four days later) she could not step on the left leg without very great pain and a feeling as of a grating in the hip. There was then three and one quarter ($3\frac{1}{4}$) inches shortening of the leg, the foot pointing directly forward but slightly downward. There was no deformity of the hip, no preternatural mobility or immobility, no crepitus. She complained of constant and severe pains in the hip and knee, aggravated by

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any attempt at motion of the leg or foot. The pains were sharp and shooting in character, with a spasmodic jumping, jerking, and twitching of the muscles of the thigh, especially at night. At this time there had been no discharge from the hip for two years. Extension with pulley and weight (at first of nine pounds and increased afterward to fifteen) was tried for four months, with the effect of relieving the sharp pains in and about the hip, but seeming rather to aggravate the pains in the knee. Then hot poultices of flaxseed were applied, encircling the hip and thigh, but also without permanent relief in any degree. On Oct. 24 the patient was etherized, and Dr. Helmuth passed the needle of an aspirator down to the bone in two localities, over the great trochanter of the femur and into the hip joint, but no pus or fluid of any kind was found, and the bone and periosteum felt firm and healthy when scraped with the point of the needle. The internal medical treatment comprised *Silicea*^{30}, followed by *Kali bichromicum*^{2x}, and later by *Rhus*^{1x} and *Mercurius solubilis*^{2x}. The pains were controlled by hypodermic injections of the sulphate of morphia. This condition of affairs remained much the same, or slightly less favorable, up to December, when Dr. Helmuth decided to operate by cutting down on the sciatic nerve and stretching it thoroughly. The time of the operation was so deferred on account of the former unwillingness of the patient to submit to such an operation. At this time the pains, when not controlled by narcotics, were constant and very severe, being felt mostly in and under the hip joint, under and at the sides of the knee, and running, at times, upward into the spine and downward to the foot. There was, also, the spasmodic jumping and twitching of the leg at night and excessive aggravation of the pains on any motion of the leg or foot. The shortening of the leg had reduced to one and seven eighths ($1\frac{7}{8}$) inches. To deaden and allay the pains the patient required daily four hypodermic injections, each containing from twelve to fifteen (12 to 15) minims of Majendie's solution of morphia. Aside from the pains the general condition of the patient was good, body well developed and well preserved, appetite somewhat capricious but on the whole good, sleep restless and broken. The operation was performed by Dr. Helmuth at the clinic in the hospital amphitheatre at four P. M., Dec. 14. While the patient was being brought under the influ-

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ence of the ether (which proved a very difficult undertaking on account of her long use of opiates), Dr. Helmuth spoke of the history and character of the proposed operation substantially as follows: —

"This peculiar method of treating certain diseases of the nervous system is new to the profession, it having been introduced about the year 1872. Since that period it has been practised with success in this country, and especially in Europe. Dr. Paul Vogt has given great attention to the subject, and has been remarkably fortunate in the results he has obtained.

"From the severity and intractability of the case now under consideration, I think I am warranted in performing the operation.

"The diseases to which the procedure is applicable are traumatic tetanus, intense neuralgia, reflex epilepsy, and partial paresis.

"Billroth laid bare and stretched the great sciatic for spasm of the leg. Von Nussbaum, for neuralgia and spasmodic contraction of the muscles of the arm, stretched the brachial plexus with success, the same nervous trunks being operated upon for traumatic tetanus in its last stages by Vogt. The operations were all successful."

Dr. Helmuth then gave minute directions for finding the great sciatic, and described the methods of operating, the main features of which are found described in the following quotation, which can be found in an extensive article on the subject in the "Medical Times and Gazette" for Sept. 15, 1877: —

"The actual accomplishment of such an operation appears very simple, and yet from a study of all the published details it is clear that final success depends very much on attention to small matters, which sometimes are apt to be forgotten. The operation may be divided into three stages: 1. Laying bare the nerve within its sheath. 2. Drawing forwards and stretching the nerve. 3. Reposition and application of dressings. The first act of the operation is a most important one. In the case of traumatic tetanus, before reported, some important changes were found, not only in the nerve itself, but also in the surroundings of its sheath. In all such cases *it is recommended directly to free* the nerve sheath on all sides as far as one can reach; stretching them accomplishes the rest. The second act of the operation may be performed either manually or instrumentally. For the drawing forward of the nerve one naturally uses a blunt hook, or an eleva-

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tor, or for a small nerve an ordinary aneurism needle. The actual stretching is best accomplished by passing the forefinger, appropriately curved, beneath the nerve, and using it in conjunction with the thumb. By this means we secure as much force as is necessary, provided we place the limb in a suitable position. Were a hook used for the stretching, there would be a danger of locally injuring the nerve itself, which is not possible when the finger is used. In the case of small nerves it would be impossible to pass the finger beneath them, and hence a thin elastic band may be substituted. In this way an *elastic* traction can be exercised without the risk of bruising or otherwise injuring the nerve itself. The last part of the operation consists of the dressing. If the stretched nerve does not recede when the limb is placed back in its normal position, or if the part operated upon is one (the face) in which these movements would be impossible, the operator must gently tuck in the nerve into its bed. A small bit of drainage tube is to be placed at the bottom of the wound, which may then be appropriately closed by a few sutures. Lister's dressing and spray ought to be used in these cases, as rapid union and a small scar must be tried for."

The patient was now brought in, fully etherized, and incision through the integuments was made in the locality and direction above described, the muscles separated with the fingers and handle of a scalpel, down to the sheath of the nerve. The nerve in its sheath was then raised upon the finger and lifted out of the cut, till it was drawn at least four inches out of its regular position, and held there for a few seconds, when it was allowed to spring back into its former place. The hemorrhage during the operation was very slight, and the wound was closed up with silk sutures and adhesive straps. A cold-water dressing was applied and *Aconite*^{1x} ordered, a dose every hour. The temperature at the close of the operation was 100.7°, pulse 124. When recovered from the effects of the anæsthetic, the patient complained of most intense and agonizing drawing pains, paroxysmal in character, recurring every three to five minutes, and felt from high up in the spine, all down the leg, nearly to the foot. To allay these pains for the night she required one fourth grain Sulphate of Morphia, ten grains *Morphia Sulph.*^{1x}, and two hypodermic injections, each containing twenty minims Magendie's So-

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lution of Morphia. During the night the temperature rose to 102.6° with a pulse of 150 (nine P. M.) She had frequent attacks of chilliness and shuddering, with convulsive twitching of the muscles of the whole body. The following morning the temperature had fallen to 101.5°, pulse 110; the chills and shuddering had ceased, and she was much more quiet and comfortable. Continued giving the *Aconite*[1x] hourly and *stopped all narcotics.* She rested some during the day, but, missing the narcotics, the pains all down the leg became very severe, especially during the night.

December 16. — Patient somewhat easier after a restless night, dozing and sleeping some during the day. The wound is closing well, by first intention, under simple cold-water dressing. There is considerable pain, of a drawing, tensive character, felt from the cut downward to the knee, and also in the spine and left side as far up as the chest, but no pain whatever in the hip, at the location of all the former pains, and she can move the leg herself more freely than she has done before for four years. She has occasional chilly sensations up the back, followed by flashes of heat; some thirst; not much appetite; temperature ranging from 99° to 99.5°, pulse, 85 to 90. Has *Potassium Iodide,* five grains, after each meal. When the pains are very severe she has a hypodermic injection of pure water (five minims) every three hours over the sacrum, with apparent temporary relief, but she has no narcotics of any kind whatever.

December 18. — Bright, cheerful, and hungry; the pains are very much relieved. Has had no pain since the operation in hip or knee, as before. The pains are now more of a heavy, aching character, and felt mostly in the sacrum and up the spine, with occasional chilly feelings in the back, and sensation of smothering and oppression of the chest, with at times slight nausea. Had some drawing, aching pain in the location of the cut in the leg, but this was relieved by removing the sutures and renewing the adhesive straps. The patient is more restful at night, though the sleep is light and easily broken. Temperature, 98.6° to 99°; pulse, 80 to 85. Gave internally, *Arnica*[1x] every two hours, with occasional hypodermic injections of pure water over the sacrum.

December 20. — Has no pain at all, to-day, in the leg, and much less in the spine; some slight return of the old pains in and under the hip. Rests better, and her appetite is improving.

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Gave *Colocynth*^{3x} and stopped the hypodermic injections of water.

December 22. — The pains about the hip growing more severe, Dr. Helmuth thoroughly manipulated the leg in all directions to prevent adhesions forming again about the nerve. Patient rather feverish and hysterical. *Hyoscyamus* every two hours.

December 25. — Improving steadily. Has had the leg freely manipulated, rubbed, and moved about in all directions, for ten minutes daily, at first under ether and later on without it. The motion of both hip and knee joints is perfect, but the muscles are somewhat atrophied from long disuse. She can now flex, extend, and rotate the leg and foot, and freely bend the hip and knee joints without any of the former pains. Tried sitting up, out of bed, but the cut is rather tender and painful to the touch and causes distress when sat upon.

December 31. — Patient still doing finely. She sits up most of the day, and with the aid of a crutch walks about the ward. She has only slight pains in the leg and back, and these felt only at times. The cut is thoroughly healed and is but slightly tender or painful to the touch. She can step on the heel now, as not done before since her first accident four years ago. Eats well and sleeps well, though rather restless and nervous at night. Has had no narcotics of any kind since the operation.

[At this time Dr. Helmuth's term of service in the ward expired, and the case passed into other hands, but with every prospect of a complete cure, the operation in itself having been entirely successful.]

February 12, 1879. — I learn to-day that the patient was about the hospital and down stairs, takes no narcotic, eats and sleeps well; occasionally has pains, which however are not sufficient to give her inconvenience.

(*To be continued.*)

THREE CASES ILLUSTRATING THE USE OF VIBURNUM PRUNIFOLIUM IN MISCARRIAGES.

BY M. V. B. MORSE, M. D., MARBLEHEAD, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, Oct.* 9, 1878.]

CASE I. — On the morning of Dec. 4, 1876, I was called to see Mrs. G., at the third month of gestation.

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She had been taken the night previous with strong labor pains which had resulted in producing quite a flow, that was gradually growing worse.

I had recently read an account of the action of *Viburnum prunifolium* in cases of threatened miscarriages in Hale's "New Remedies" (third edition), in which Dr. Phares, speaking of the action of Viburnum, says, "It is a preventive in habitual miscarriages. It prevents miscarriages from any cause, especially when attended by severe pain. It has never failed to prevent a threatened miscarriage, as far as I can learn."

I therefore prescribed *Viburnum* $^{1st\ dec.\ dil.}$ in water, teaspoonful doses, repeated each half-hour, with directions to keep her quiet in bed. The following day she was nearly well; but I continued the *Viburnum*, at lengthened intervals, for some time. She had no more pain or sickness of any kind up to the time of her confinement.

CASE II. — Jan. 31, 1877, was sent for to attend Mrs. C., who had just passed the fourth month in gestation.

She had been overtaxing herself with hard work for a number of days, which brought on labor pains, followed by a profuse flow. I prescribed *Viburnum* ^{1x}, in water, to be taken each half-hour, and enjoined rest in bed, as in the first case. The *Viburnum* was continued for two days, after which time she felt quite well up to the time of her confinement.

CASE III. — On the 25th day of April, 1877, I was called to attend Mrs. W., thirty years of age, in her fifth pregnancy. She had always menstruated regularly up to that time (except during gestation), and ordinarily enjoyed the best of health.

On the twelfth day of January she ceased to menstruate for the last time, and now had passed the third month of gestation.

At this time her sister was taken very suddenly ill, and died on the seventeenth day of April. The shock caused by the death of her sister was such as to induce slight labor pains, which had increased without interruption for nearly a week, and were attended with a slight flow, which had continued four days when I was sent for on the 25th.

I now enjoined rest, and prescribed *Viburnum* ^{1x}, to be taken in water every half-hour.

I called the following day and found that the pains and flow had ceased, and she was feeling much better.

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I now gave the *Viburnum* every two hours, with directions to take rest for a number of days.

She continued quite well, not meeting with any symptoms other than those she had experienced in her former pregnancies, except that there was no perceptible change in her size or form, as she advanced in gestation.

She made the necessary arrangements to be confined about the 12th of October; but on the 17th of September previous, after washing her kitchen floor, she was suddenly taken in labor, and in about four hours was delivered of a fœtus, which, as near as I should judge, could not have been more than three and one half months advanced. From the condition and history of the case, I am convinced that the fœtus was retained *in utero* from April 25 until Sept. 17 without any perceptible change in its development.

The mother was kept in bed ten days following confinement, during which time the lochia was about the same in quantity and quality as is generally met with in such cases; but her complete recovery was protracted to nearly three months.

I have since met with five or six other cases of the same class, which have yielded promptly to the action of Viburnum.

RAMBLING THOUGHTS ON CLIMATOLOGY.

BY DR. W. B. CHAMBERLAIN, WORCESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, Oct.* 9, 1878.]

We often show an inclination to crawl out of a tight place in dealing with our patients, and prescribe a change of climate just as an old-school practitioner prescribes a dose of physic. Like him, we think it the proper thing to do, but if called upon for a reason for the faith within us, we might not find it an easy thing to give. A prominent Boston surgeon has given form to the thought when he says, "This girl has asthma. There must be some place where you can breathe; mouse around and find it."

I would start off with this proposition, — that when we advise a change of climate, a change of locality of ten miles, or even of only one mile, is often more beneficial than one of a hundred or a thousand miles. I have often observed in my own practice

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that persons suffering from certain forms of disease, as throat or lung trouble, living upon a clayey soil, were always benefited by a removal to another part of the city, where the soil was gravelly. To illustrate, I recall the case of a professor of music who had been under old-school treatment for a long time, and was at last told that if he wanted to live through the winter he must go South. By the solicitation of friends he was induced to seek my advice. He was then living on a clayey soil. I recommended a change in certain of his habits, and a removal to another quarter of the city, less than a mile distant, but of a gravelly soil. The improvement in his health was rapid and permanent, and for the past ten years he has attended to the duties of his profession, working about sixteen hours a day.

During the winter of 1866 I was called to see Mrs. M., a widow forty years of age. I found her living in a cellar, suffering severely from both uterine and lung disease. Without entering into particulars, I will only state that during the two preceding years she had had seven abscesses in the left lung, from which had been discharged quantities of pus, varying in each case from a gill to a pint in a few hours. I had her removed from her cellar room to the floor above, which improved the case a little. She was too poor as well as too sick to be moved away. In the spring of 1868 she changed for what I deemed a somewhat better locality. After being many times better and worse during the next two years, she was able to change again, where the house was high and on gravelly soil. She had not been in the new locality more than six or eight weeks before she was able to speak aloud, — a thing she had not done before for four years. In a few months she had so much improved that she was able to take a few boarders, by which means she has been enabled to get a livelihood for the last seven or eight years. She has never since been able to go into the neighborhood where she was first taken ill and remain for two hours, without losing her voice again. She has tested it repeatedly and always with the same result, viz., a temporary loss of voice.

Advising a change of climate and sending patients away for particular troubles is largely experimental. The difficulty of prescribing for such is not only a lack of knowledge of the cli-

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mate to which we send them, but of the effects of such a climate upon different temperaments and constitutions. The latter will invariably have to be taken into consideration, and requires as much judgment and skill as to prescribe a homœopathic remedy. In an article upon Scientific Climatology in the "United States Medical Investigator," Dec. 1, 1877, Dr. B. W. James says, and *well* says: "A case that would be killed by a residence in Colorado or Minnesota might be cured on the Bermuda Islands or on the Barbadoes or at Madeira, while one that would speedily die with hemorrhage or prostration in Florida or Texas, on account of the moist, warm, relaxing air there, might be greatly benefited in Colorado or some of the valleys of California, or might be so amenable to treatment in a climate like that of some parts of Minnesota as to be cured, and remain so, unless the patient returns to his or her original home."

For reliable data to guide in a suitable selection in each case we need the recorded experience and observation of many physicians. Without this to guide us, there is nothing left but to rely upon experiment. The patient himself can generally tell in a week or two whether or not the change is for the better, — often a day or two decides it. A gentleman who had chronic bronchitis had spent three winters in the Southern States, one in Europe, one at the Azores (Fayal), and one in California, in pursuit of health, with only partial success, having been merely able to keep the disease from growing worse. In the early summer after his return from California, while here in Worcester, he had occasion to visit an adjoining town and spend some weeks on business. He had been there but a short time when he found his throat growing better, and after being there a month or six weeks, decided to remain so long as his health improved. The next spring he found himself so nearly well that he bought a farm and settled there, and has become a robust and healthy man. *This* less than ten miles from Worcester in the unclassical town of Paxton!

This, doubtless, has been the experience of many physicians, and much material might be collected bearing upon this point. I am not aware that any special effort has been made to tabulate the result of such experiments. I have noticed in some journal of late, a proposition to institute "weather provings." What we

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want in this connection is a system of climate provings, in which the unfavorable, as well as the favorable, results shall be noted. It would also be essential to have a written record of the exact condition of the patient, both before and after the experiment.

Statistics of climate have also been very unsatisfactory. We have formerly been told that persons suffering with bronchitis and consumption should go West, to some indefinite place; later to Minnesota; still later the endless number of consumptives has been sent to California, more especially to Santa Barbara, — well named, for it is one of the *most* barbarous for lung troubles. Now the journals are full of the praises of Aiken, S. C., and it is particularly fashionable to send such patients as are able there or to Florida, to spend the winter. In the paper already quoted, Dr. James says, "It is time that the habit of sending invalids to a place for mere fashion's sake was broken up, and that a judicious selection of climatic resorts be made by those who have given the matter particular care and study, etc." Let us hope the time is near at hand when physicians will cease to send consumptives from home only to die. Patients should not be sent from home who are not able to travel easily and comfortably.

Men interested to sell lands — unscrupulous speculators — have taken great pains to tell of equable climates. They give a certain number of degrees as the temperature, and say the thermometer rarely varies from this average temperature either way more than 10° or 12°. These statements may, in general, be true between 7 A. M. and 6 P. M., but they carefully forget to tell what many a careful observer has seen, — that between 5 A. M. and 7 A. M. the temperature not unfrequently changes between 30° and 40°. I have seen it change 40° between 6 A. M. and 7 A. M. These interested writers upon climate forget to tell that they are afflicted with very heavy fogs and bleak winds; they carefully evade the truth about the cases that are not benefited. If one in a hundred is benefited while there, they have the fact blazoned to the world, under the name of correspondence, through as many Northern and Eastern papers as will publish their one-sided statements. Now the question arises in one's mind as to how we shall get the truth about these matters. We were told that Minnesota had a very dry climate, and so it had when this story was told. We had a very dry climate all over the North during the

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war. That period is still spoken of in Minnesota as the three years' drought. Minnesota *still* has a dry climate, that is, certain portions of the State, especially the high table-lands of what is called the interior, meaning the country remote from the great rivers. The annual rainfall of the valleys, where all the larger cities are located, is nearly twice that of the high table-lands. This is because the summer showers have a trick of following the river-beds. Consumptives were sent to Minnesota by hundreds, only to die. Most of them went to the cities and large towns along the rivers, and so avoided the dry climate. When winter overtook them, then most of them found they had only left the frying-pan for the fire. The summer temperature of Minnesota is about like that of Pennsylvania, but in the winter it more nearly resembles that of Greenland. Few of us would recommend our consumptive patients to spend the winter in Greenland!

This brings us to the question of one climate for summer and another for winter. And here, I may say, we can condense the whole thing into a nutshell. Any climate which permits persistent outdoor life is the climate for consumptives above all others. Probably no climate can be found which has not some disadvantage. We want to know the drawbacks as well as the advantages of each locality, and then we can govern ourselves accordingly. Those who go from the East to Minnesota generally suffer more or less severely from neuralgia or rheumatism. Catarrh is very prevalent there, while in some parts of the West it is comparatively unknown, — Texas, for instance. Mr. Beecher went to California, this season, to escape hay-fever. He says, "Hay-fever, in its regular course, was not developed west of Council Bluffs. Yet what provocation did it receive! I rode in dust and cinders, by day and by night; I was out in glaring sunlight, in chill fogs, sleeping in all sorts of rooms and beds. All in vain! No sneezing, no crying, no irritable membranes, no asthma, no nothing, but good health and spirits, reinvigoration, and an increasing avoirdupois."

By consulting the charts of Walker's Statistical Atlas of the United States, based on the results of the ninth census, we find that the following-named localities enjoy the greatest comparative immunity from consumption, viz.: A small area in the ex-

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treme southern portion of West Virginia, to the west and south of White Sulphur Springs, and embracing the headwaters of Big Sandy River; another small tract in the western portion of North Carolina, to the east of Smoky Mountains; quite a large tract in Central Georgia, comprising nearly one fourth of the area of the State; that portion of Florida lying between Cedar Keys and the Great Cypress Swamp; Northwestern Texas, Southern Texas, and Northwestern Minnesota.

By the same authority, we find that consumption is most prevalent in the New England States, more especially that portion lying within one hundred miles of the coast; the country bordering the Great Lakes; the valleys of many of the great rivers of the Mississippi basin; portions of Iowa, Wisconsin, Texas, and, what seems a little singular, the mountains of East Tennessee. In that tract lying between Knoxville and the western slope of the Smoky Mountains, the proportionte death-rate from consumption is as great as in New England. The death-rate is proportionately light along the Atlantic coast south of Cape Hatteras. The localities mentioned above, as comparatively free from consumption, are all, with the exception of West Virginia, Texas, and Minnesota, more or less subject to malarial influences.

For myself, I have small claims to any knowledge of what is contained in the authorities upon climatology. As a rule, we prefer to send our consumptives to a warm climate for the winter. South Carolina, especially in the neighborhood of Aiken, is said to possess many advantages. It is also easy of access, and the hotel privileges are now said to be very good. I wish I was able to speak from experience, for that is about the only way to really *know* anything. This remark is peculiarly applicable to climate. I think, however, all things considered, that Florida is the best winter climate we have for consumptives. New Mexico is also good, but too far away. For those who can afford to go abroad, Nassau and Santa Cruz have been highly lauded. Algeria is one of the best climates in the world, but best of all is the Nile. The least said of the fashionable resorts of Southern Europe the better. During the summer, send your consumptives to the clear, bracing atmosphere of the mountains. Prescribe life in the open air, — I had almost added, day and night. Again, let me say,

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keep always in mind the constitutional peculiarities of the patient. Different persons may be differently affected.

I read, with great interest, Prof. H. P. Gatchell's writings, in the journals, some years ago, upon the climate of Asheville and vicinity, in North Carolina, and sent a few patients there to the Sanitarium. It then proved to be very difficult of access, and there were very poor accommodations for the invalids when they got there. It reminds one of the story of a traveller, who told a gentleman that Arizona would be a splendid place to live in if they had good water and good society. The listener rather irreverently replied, "That is all they lack in hell!" Now, when I sent my first patients to Asheville they found themselves very much in the same condition. The houses, at that time, were reported to be in exceedingly bad repair; for instance, the best and most expensive house in the place had its front door standing nearly half-way open all winter for the lack of a little attention from the carpenter. No wonder Mrs. Stowe made Aunt Chloe say, "How shiftless!" and no wonder one of my patients said it was disgusting to stay a winter among such slatternly people. The climate is undoubtedly good, but what the invalid has to put up with in such a place often more than counteracts the good effect of the salubrious climate.

I have no definite plan as to a method or system of getting reliable facts from different localities to enable the honest and painstaking physician to approximate the truth about the advantages to be gained by the invalid for whom he prescribes.

Possibly some of the writers upon this subject have some well-developed plan for gathering the necessary statistics in relation to these places. If any such plan has been mooted, I am as yet unaware of it. I state this more especially in the hope of calling out some wise man's opinions, or better, his own observations in relation to these matters. Don't all speak at once! Which of you will be this modern Solomon? Perhaps some good doctor who understands the business of pulling wires at Washington may be able to get the government to take hold of this matter of climatology. Can't we get "Old Prob" to help us? When these facts are properly gathered and arranged, the physician will be able to say to the consumptive, "This or that change of climate will benefit you"; he will be able to say to the anxious

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father or mother, "Such a climate will cure, or at least greatly benefit your son or daughter"; he will be able to say to the distressed mother, "Go to this climate with your infant that is suffering from cholera infantum or marasmus, and attend to the hygienic directions which I give you, and your baby will get well again." Until we do have these facts properly arranged, our advice in relation to climate must be mere guess-work.

Who will "come over and help us" to search in this mine for the truth?

PATHOLOGY VERSUS SYMPTOMATOLOGY.

BY A. M. CUSHING, M. D., LYNN, MASS.

I AM a firm believer in the necessity of having as thorough a knowledge of pathology as possible, but as some claim, is it always safe to be guided by that alone, or is symptomatology sometimes better? I will report one case, and ask some of the believers in pathology alone what they would have done. January 20th, I was called in haste to see Mrs. ———, aged fifty-four, rather above the medium size, full habit, wide awake, active, healthy looking. She had not been sick for several years, to my knowledge. As I entered the room, I found one attendant (an excellent nurse) rubbing and working over the patient, who was sitting upon the side of the bed. As I approached the patient, she looked up, and a more suffering, death-like patient I never saw. She could only say, "Doctor, such distress!" placing her hand over the heart and epigastrium. Her flesh was cold, her pulse weak, fluttering, and just perceptible, she had nausea, and tried to vomit. What should I do? Wait for the husband to come home to tell me how long she had been sick and what the symptoms had been? Get a stethoscope and examine the heart and lungs, make a chemical and microscopical examination of the urine, and then attend the funeral? Or should I accept symptomatology and go to work? The nurse said it relieved her to be rubbed over the spine between the shoulders. I gave *Veratrum alb.* $3^{dec.}$, and with coat off I rubbed her back, while the nurse brought hot irons, etc., and she was soon better. Then I learned that for several weeks she had been suffering from neuralgia of the shoulders, back, and arms, and had bathed them with strong liniment. She abandoned the liniment and took little pills.

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EXPERIENCE WITH DIPHTHERIA.

BY L. A. PHILLIPS, M. D., BOSTON.

HAVING, through my association with Dr. J. H. Woodbury, been the attending physician at the Home for Little Wanderers for several months past, during which time a large number of cases of diphtheria have occurred, I offer a short account of the epidemic, with some observations and conclusions drawn therefrom.

No assignable cause for the eruption of this disease could be discovered, either by the authorities of the institution or by the Board of Health, the general sanitary conditions being all that could be asked. Notwithstanding this, every case of sore throat which occurred among the children developed a diphtheritic tendency. In all instances, as soon as the first symptoms of the difficulty were observed, the child was at once removed to the hospital, and kept wholly apart from those not affected. At some times more cases were brought together in the hospital wards than I could have wished, but it seemed unavoidable.

The number of cases treated was forty-seven, of which nineteen were mild, though all were characterized by the prostration, languor, loss of appetite, soreness and swelling of tonsils with membranous patches thereon, offensive breath, and more or less catarrhal discharge. In these nineteen cases, by the aid of such remedies as were found efficient (or through other influences) the disease was arrested, and the patients discharged in a few days. Some of the earlier cases had *Merc. sol.*, *Merc. biniod.*, *Lach.*, *Phyto.*, or *Bapt.*, accordiug to the indications, while to others was given only *Am. mur.* internally, and as a gargle. These latter cases, almost invariably, did better than the others. Relief came more surely and speedily, and this treatment was therefore generally adopted in the cases occurring after this fact had been demonstrated. Eighteen other cases were of the same type, *i. e.*, pharyngeal, but more severe. In most of these the disease had progressed further before being discovered, though some few went from the mild into severe in spite of the means used to prevent it. In all of these eighteen cases the tonsils, uvula, posterior wall of pharynx, and in two instances the nares, were largely covered with the characteristic exudation, while the prostration was intense, and the taking of nourishment almost

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an impossibility. *Am. mur.* was used in all of these cases, after they became alarming, while *Chlorate of Potass.* was given in alternation when there was profuse catarrhal discharge from the nose. A gargle made by dissolving paraffine soap in water (one cubic inch of soap to half a pint of water) was used, when the child was old enough to gargle, with the effect of destroying the offensive odor of the breath, and apparently of helping to heal and remove the membrane from the throat. All of these eighteen cases recovered. The other ten cases were of the dreadful croupous or laryngeal type. While there was little or no visible exudation in the throat, all the general symptoms of the disease were present, and the peculiar croupous cough, with inability to speak aloud, and the anxious, labored breathing, as in membranous croup, made them very alarming. Nearly all of these were taken suddenly, and were in the condition described when first seen by me. Some of these cases were treated with *Acon.* *Spong.*, *Iodine* and *Iodine vapors*, *Hepar.* and *Am. mur.*, but they all failed, though seeming well indicated in the particular case in which they were applied. *Kali. bich.* was also used, and with good results, but at first it was used in the third dec. trit., and was only partially successful. Later it was used *crude*, as strong a solution as could be taken without causing vomiting, and in this form it was wonderfully potent. Every case in which this preparation of *Kali. bich.* was given recovered completely, although several of them were terribly severe, and considered utterly hopeless by the attendants and others who saw them. The first three cases of this croupous form died. I believe *Kali. bich.* crude might have saved them. I would only add that in all cases the strongest and most nourishing diet was given when it could be taken, and in cases where very little could be eaten, I gave a little brandy or whiskey. If I have left unmentioned any points of interest, I will gladly answer any inquiries privately, or through the GAZETTE.

RAPID ANÆSTHESIA. — Give the patient the ether-inhaler; let him hold it to his face with one hand and elevate the other. In a few minutes the arm will drop, and there will be from thirty to fifty seconds of unconsciousness, during which minor operations of surgery, reduction of dislocations, etc., can be performed. The right moment must be seized; for, if the patient returns to consciousnesss, full etherization will then have to be employed. — *Phil. Med. Times.*

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, MARCH, 1879.

SEVERAL weeks ago we received a fifty-six page pamphlet, the "Special Report of the Homœopathic Yellow Fever Commission," ordered by the American Institute of Homœopathy for presentation to Congress, printed at New Orleans, accompanied by a note from Dr. Holcombe, requesting us to abstain from noticing it just then, as it had not been presented to Congress. Now that this ban of impropriety has been removed, and a reprint of the pamphlet published for general circulation by Boericke & Tafel, we shall cull from it a few facts and observations, referring our readers to the original source if they desire more.

We regret to learn that six homœopathic physicians of New Orleans got their backs up about some little personal matters, and disgraced themselves by refusing to report to the commission, being willing to sacrifice the public good to their private squabbles.

There were 3914 cases reported by other homœopaths (of which 1945 were in New Orleans), with 261 deaths, — a percentage of $6\frac{6}{10}$.

In New Orleans the fever was less severe than outside, the mortality in that city under homœopathic treatment being in the ratio of $5\frac{6}{10}$ per cent to $7\frac{7}{10}$ in other places. It was much more severe in places where it had never been before than in those places which it had frequently scourged.

It was far less fatal to the blacks than to the whites. The number of cases reported as occurring among negroes was exactly 900, with a loss of 27 patients, 3 per cent. Among children under fifteen the mortality was $4\frac{4}{10}$ per cent. The reports of about one half of the cases (2010) give not only cases and deaths, but the name, age, and address of every patient attended, so that with these documents every statement can be fully verified and comparison challenged. Of these 2010 patients, 129 died, $6\frac{4}{10}$ per cent. There were 64 recoveries after black vomit. Of 828 children under fifteen years of age, only 40 died, — $4\frac{8}{10}$ per cent.

"*Not at all,*" was the answer of the large majority of our physicians to the question asked in the circular sent them, "To what extent did you avail yourself of allopathic or eclectic measures?" Some acknowledged the occasional use of an anodyne to produce sleep in cases of

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extreme wakefulness ; some gave a little sulpho-carbolate of soda for black vomit, or enemata of quinine in collapse, etc., but these interpolations were comparatively very infrequent. The remedies most often used were *Aconite*, *Belladonna*, and *Bryonia* for the first stage, and *Arsenicum*, *Carbo vegetabilis*, and *Crotalus* for the second. The homœopathists deny that blood-letting, purging, sweating, and other similar measures so often resorted to in the first stage even in this last epidemic by allopaths, can do more than simply weaken the patient. In mild cases they are not needed ; in severe cases they entirely unfit the sufferer for the exigencies of the second stage, which is one of exhaustion.

"The range of homœopathic loss, as between different physicians of the school, is very limited, say from five to ten per cent. The range of loss under the diverse and often opposite practices of the old school is very great, from five to twenty and thirty and even forty per cent. The heroic treatment, bleeding, emetics, purgatives, calomel, and quinine, to which may be added cold applications in the first stage of the fever, was uniformly the least successful. In proportion as milder and less medicine was given, the patient's prospects of recovery brightened ; and the expectant physicians, those who gave little or nothing, approached nearest to the homœopathic success.

"The yellow-fever germs — for we accept provisionally the germ theory of the disease — are indigenous to the West Indies and perhaps to the west coast of Africa, and have been thoroughly naturalized in many localities in the southern portion of the United States. They were imported into New Orleans during the last quarter of the eighteenth century, and have existed in the soil or atmosphere of that place ever since, either in a latent or an active condition. They may lie dormant for many years consecutively, and they require a concurrence of causes to develop them into a state of disease-producing activity.

"The imported epidemic, whether from Havana to New Orleans or from New Orleans to Memphis, etc., etc., is always a more quick-spreading and malignant disease than that arising from our naturalized germs. The comparative mildness of the late epidemic in New Orleans is one out of several reasons for believing that the disease was of local origin.

"The yellow fever of domestic origin can only be prevented by local sanitary measures. So long as the public authorities ignore the crying evils at home, and watch only for the enemy at the seaside, we shall continue to be scourged with repeated epidemics of yellow fever. Quarantine may or may not keep out the tropical foe, but our utmost energies should be concentrated against the enemy which has been domiciliated in our households for nearly a century."

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THE report of the Yellow Fever Commission authorized by Congress (allopathic) contains seven or eight hundred pages, and is so bulky that very few will care to read it. The following abstract, however, furnished to the "Advertiser" by Dr. Samuel A. Green, City Physician of Boston and one of the members of the Commission, we know will prove of interest to those of our readers who have not already seen it: —

"All the cases of fever in the Southwest were traced to New Orleans, and were found to have originated there from two cases that arrived at that port in May from Havana. The disease is indigenous to the West Indies, but is always an exotic, never indigenous to this country. Yellow fever in the North is only prevented by our strict quarantine regulations. It is not contagious from one person to another, but is communicated by clothing. If a yellow-fever patient was thoroughly washed and cleansed, he could be put into any hospital without danger to the other patients, the infecting principle being carried by the clothes and not by the person. This infecting principle has been searched for in every possible way, microscopically and chemically, but has never been found. The theory most generally adopted is the "germ theory," because that hypothesis will explain more of the peculiarities of the disease than any other. The disease is believed to be propagated by invisible germs, which are probably taken in through the lungs. These organisms have the property of reproduction, and multiply very rapidly. They germinate out of the body, but there is no evidence that they multiply in the body in a way that will affect other people, although becoming a poison to the patient. The only way of meeting the disease is by strict quarantine, and upon this point the experts are very certain. In order to have a uniform system of quarantine at the South, it has got to be by the national authority. The South will undoubtedly be in favor of a national Quarantine Act. An interesting fact in connection with the epidemic of last summer is the way in which certain towns that quarantined themselves escaped the ravages of the disease. All through Mississippi, Alabama, and some portions of Florida, the town authorities, and sometimes the county authorities, established a rigid quarantine, which was sometimes called "shot-gun quarantine." A few men would go out on the roads leading into a village and establish themselves as in days of the war, and challenge those who approached, shooting them if they attempted to run the blockade. The towns thus guarded almost invariably escaped. The city of Natchez, for example, on the river between Vicksburg and New Orleans, had a strict quarantine and was not visited by the disease. Texas was strictly quarantined against the east. No one was allowed to enter it from Louisiana, and even the mails were not received. The

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importance of these precautions is so deeply realized that, if a national Quarantine Act is not passed, and the epidemic should break out again, the people would very likely burn the railroad bridges to stop the trains from infected points. It is possible, assuming the correctness of the germ theory, that the fever will break out this season in houses where there were cases of it last summer, upon the supposition that the frost was not severe enough in protected places to kill all the germs. It is believed, however, that the fever springing from the winter germs is not so virulent as when it starts from the fresh imported germs, and, although there may be fever in New Orleans this year, it will not necessarily be epidemic.

"Dr. Green speaks with much pleasure of the treatment the gentlemen from the North received from the Southerners. They were uniformly courteous and hospitable, and he did not see a single instance of animosity or ill-feeling on the part of anybody, high or low."

Correspondence.

To the Editor of the New England Medical Gazette:

In the January number of your journal you ask the question, Are we not doing *too much* for the poor in the way of free medical attendance?

Two years ago the following letter was published in the "New York World," and may be of interest, as showing that medical charity can begin at home, and at the same time be dispensed without producing paupers or encouraging impostors.

The fact that the small-fee system inaugurated by us has been adopted by many of the dispensaries located in New York (homœopathic and allopathic), and has proved successful in every instance, is sufficient recommendation for its further extension.

Among the dispensaries in New York City which have adopted the small-fee system may be found the New York Dispensary (where, until lately, all treatment was free except at the venereal clinic), the Eastern Dispensary, the Demilt Dispensary, the Northeastern Dispensary, and the Out-Door Service of the New York Hospital. Thus more than one half the dispensary practice in New York has been made to come within the provisions of the small-fee system. As in no case has the adoption of this method been regretted, I think its universal acceptance is only a question of time, with the possible exception of college dispensaries.

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The fee at our dispensary is ten cents for medicine without examination, and twenty-five cents for medicine with examination.

Respectfully,

EMMA SCOTT-WRIGHT.

NEW YORK, Feb. 9, 1879.

FREE DISPENSARIES.

To the Editor of the World:

Sir, — Allow me to state, in connection with the movement for establishing a provident dispensary system in this city, that the management of the "Homœopathic Dispensary for Women and Children" adopted the small-fee system last October. The plan so far has worked most successfully. This system was adopted after studying the main features of an English provident dispensary, the points being furnished by Dr. Clifton, of Northampton, England, he having had an extended experience in this direction. Comparing Dr. Clifton's report with the experience of the physicians in attendance at the "Homœopathic Dispensary for Women and Children," the conclusion was drawn that existing differences in the social condition precluded the successful engrafting of the English plan into the United States.

Through the adoption of the small-fee system this dispensary has become self-sustaining, and a number of unworthy people who formerly applied for relief hvea ceased their attendance; "they preferred, if they had to pay, going to a doctor's office and paying the difference in prices."

By the withdrawal of these impostors, some of them real-estate owners, the daily attendance at the clinic fell off, at first, about thirty per cent. This diminution is now made up by a deserving class of applicants.

After an almost daily attendance of four years in a dispensary, I am convinced that the present system of free dispensaries tends to demoralize the poor, is an extortion from tax-payers, and an injustice to physicians.

Respectfully,

EMMA SCOTT-WRIGHT, M. D.

Homœopathic Dispensary for Women and Children,
No. 327 East Twenty-third Street, New York, May 12, 1877.

SOCIETIES AND INSTITUTIONS.

ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY N. R. MORSE, M. D., SECRETARY.

THE annual meeting of this well-known society was held at the house of Dr. N. R. Morse, in Salem, on Tuesday, Dec. 24, 1878, at two P. M., the President, Dr. M. V. B. Morse, of Marblehead, in the chair.

After the secretary had read the records of the November meeting, Charles Leeds, M. D., of Chelsea, was unanimously elected to membership, he having been proposed as a candidate at the November meeting in Lynn.

The treasurer now presented his annual report, which was accepted, and the society proceeded to the election of officers with the following result: *President*, Augustus Thompson, M. D., Lowell; *Vice-President*, C. W. Scott, M. D., Lawrence; *Secretary* and *Treasurer*, Nathan R. Morse, M. D., Salem.

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On motion it was voted that the committees for the ensuing year, 1879, be selected by the president and secretary as heretofore, and that the annual "Field Day" be held in July, as in previous years.

A short clinical session was now held in which interesting clinical cases were presented by Drs. Cushing of Lynn, Foss of Newburyport, and Russegue of South Framingham, they being briefly discussed by Drs. Lougee, Cate, and others, after which the scientific session was opened, when Dr. Cate, of Salem, gave a highly instructive lecture on the subject, "Inflammation of the Internal Ear," illustrated by diagrams which he drew upon the blackboard, together with a fine display of all the bones of the ear and head connected with the organs of hearing.

At the close of Dr. Cate's lecture, the society was bountifully entertained by Dr. and Mrs. Morse, after which, on motion, the thanks of the society were extended to Dr. Cate for his instructive lecture, to the retiring officers for the faithful discharge of their duties, and to Dr. and Mrs. Morse for the elegant entertainment they had provided.

The following are the committees for 1879: —

January Meeting. — *Clinical Medicine and Diseases of the Chest.* Drs. Walker of Chelsea, Scales of Newton, French of Lawrence, and Gale of Newburyport.

February Meeting. — *Microscopy and Diseases of Genito-Urinary Organs.* Drs. Lougee of Lawrence, Hunter of Lowell, and Kimball of Andover.

March Meeting. — *Obstetrics.* Drs. Scott of Lawrence, Morse of Marblehead, and Hall of Rockport.

April Meeting. — *Surgery and Electro-Therapeutics.* Drs. Foss of Newburyport, Brown of Lynn, and George Morse of Gloucester.

May Meeting. — *Physiology and Diseases of the Skin.* Drs. Radcliffe of Lynn, Conant of Gloucester, and Russegue of South Framingham.

June Semi-Annual Meeting. — *Gynæcology.* Drs. Cate of Salem, Haywood of Lynn, Abbie S. Morse of Gloucester.

July Meeting. — Annual Excursion and Field Day.

August Meeting. — *Materia Medica and Provings.* Drs. Thompson of Lowell, Sherman of Haverhill, and Leeds of Chelsea.

September Meeting. — *Pædology.* Drs. Flanders of Lynn, Scales of Woburn, and Wardwell of Beverly.

October Meeting. — *Laryngology and Zymotic Diseases.* Drs. Warner of Lowell, Worcester of Peabody, and Sherman of Salem.

November Meeting. — *Ophthalmology and Otology.* Drs. Whiting of Danvers, Cushing of Lynn, and Mooers of Lawrence.

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December Meeting. — *Diseases of the Brain, Nervous System, and Psychological Medicine.* Drs. Worcester of Salem, Moore of Haxerhill, and Hale of Newburyport.

Regular meetings, fourth Wednesday of each month.

Reviews and Notices of Books.

BOOKS RECEIVED.

Clinical Lectures on Diseases peculiar to Women. By Lombe Atthill, M. D., of Dublin. Fifth Edition. Lindsay & Blakiston. For sale by A. Williams & Co. $2.25.

This is a concise and really very valuable compendium of the most important points in modern gynæcology. It is of moderate size, 12mo, 342 pages, and recommends itself to the busy practitioner by being essentially practical, omitting all theory and scientific speculation. It gives little space to mere medical curiosities, but treats mainly of the common diseases which we are meeting every day. Its explanations of the use of instruments are very clear, and it has thirty-five illustrations. Of course the medication recommended is not such as our readers would be likely to follow out, but mere medication forms a very small part of gynæcology.

Presbyterian Eye and Ear Charity Hospital, Baltimore. First Annual Report. Baltimore: Turnbull Brothers.

Headaches. By John C. King, M. D. Chicago: W. A. Chatterton & Co.

The Allegheny County Materia Medica Club began this monograph, and then transferred it to a committee, and the committee transferred it to Dr. King. The book is purely therapeutical, and the plan of it is well conceived. Two hundred and thirty-five pages are devoted to the head symptoms of drugs, under the divisions of *note, location, character, direction, other head symptoms, aggravation, amelioration*, and *concomitant symptoms.* The last sixty-two pages are devoted to a concise *Repertory analysis.* One hundred and eighty-five medicines are referred to. The publishers have done their work very handsomely, and King's Headaches makes a very useful and handy little pocket-volume.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 4. APRIL, 1879. VOL. XIV.

NERVE STRETCHING.

BY WM. TOD HELMUTH, M. D., NEW YORK.

(*Continued.*)

CASE II. — The following interesting case I give in the words of the patient herself, a most intelligent lady. This operation was performed at the Hahnemann Hospital: —

"In the winter of 1872–3 I suffered from a severe attack of spinal meningitis, through which I was carried by Dr. Egbert Guernsey. The disease, after fourteen weeks' illness, left me in a state of utter prostration, from which I slowly recovered, to find my right leg nearly paralyzed and much shrunken, measuring just above the knee two and one half inches less in circumference than the left leg. Through the spring and summer I regained strength, and by autumn was apparently quite well, save a very slight lameness. In the latter part of November, I took a cold which resulted in a return of the meningitis. The force of the disease in this second attack seemed to concentrate itself upon the spine. The pain and confusion in the head were far less than in the first instance, the brain being comparatively clear; but the pain and weakness of the spine were more severe, and the right leg was found, upon recovery, even more helpless than before. I then left the city, taking up my residence in Summit, N. J. The change was of immense benefit to me, and I remained in good health, but still slightly lame, until December, 1875, when I was again prostrated, this time by an attack of diphtheria. I was very ill for a fortnight; then I recovered so far as to go about the house, but after gaining thus much, came to a standstill, and remained all through the spring weak and thin, and with my

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lameness very much increased. During the summer, however, I regained almost my former strength, and from that time until October, 1877, I enjoyed excellent health, and could walk three or four miles without any great pain, although every step was taken with a conscious effort.

"Toward the close of October I took a long, damp walk, and found on my return that my right foot was quite wet, I having inadvertently put on a light shoe instead of the walking-boot, such as protected the other foot. I woke the next morning feeling that I had taken a heavy cold, and during the two days following I lost my voice and coughed very badly. On the second night I was wakened suddenly by an excruciating pain through the right hip. I sent for the physician, Dr. Risk, of Summit, who pronounced it at once a case of sciatica. From that night until the first of April I suffered tortures, without cessation of the pain, except so far as it could be controlled by large doses of morphia, taken hypodermically; and finally it was found necessary to put me under the influence of ether or chloroform during the more severe attacks of pain.

"In the latter part of November, Dr. Risk called Dr. Guernsey in consultation; and in January, Dr. Barker, of Morristown, was also called, but every means of relief which was suggested, failed. Dr. Risk then had recourse to acupuncture, and this seemed to break the spell for the time. The attacks slowly decreased in number and in violence, and through the summer they were only occasional. With the autumn they returned, and in January, having then been an inmate of Hahnemann Hospital for four weeks, having made a thorough trial of electricity under the care of Dr. Butler, and having been treated medically by Dr. Guernsey, it was decided that medicines — whether of the old or new school — had proved themselves totally inadequate to cope with the disease, which was fast regaining all its former violence, and the physicians, Drs. Guernsey and Butler, called Dr. Helmuth, who advised stretching the nerve.

"The operation was performed by Dr. Helmuth, on the 26th of January. For the first six or seven hours following, the pain in the nerve was simply frightful, but after that time the paroxysms grew steadily less frequent and violent, until by the close of the third day, they ceased almost entirely. *From the time of the opera-*

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tion I have not felt a single twinge of the sciatic pain. The wound healed rapidly, by first intention, and on the 6th of February I was put upon crutches, and began to use the limb. Two weeks from the day of the operation I was going about the house on crutches, and somewhat weak, but feeling *perfectly well*, and quite free from pain.

"One curious fact connected with this trouble has been, that notwithstanding the extreme sensitiveness of the limb to touch and to motion, I have always been more comfortable in the saddle than in any other position, and could ride ten or twelve miles with thorough enjoyment, when I could neither drive nor walk. I have often been assisted down the stairs, and carefully lifted into the saddle, and on my return, after a long ride, have sprung from my horse without help, and run easily up the steps, which two or three hours previously I had descended with so much difficulty."

To give a fair idea of the after-treatment and the condition of the patient, I give a verbatim extract from the case-book at the Hahnemann Hospital. The gentlemen present at the operation were Drs. E. Guernsey, Butler, Thompson, Doughty, Blodgett, and others. The nerve was found without difficulty, and forcibly stretched three distinct times, a great deal of traction being used each time. Immediately after the operation, Jan. 26, 1879, she received Ignatia for hysterical conditions. During the afternoon and evening the pain was so excessive that she received hypodermic injections of morphine, in all amounting to three grains. At 6 P. M., tem. 100°, pulse, 84, the pain is quiet from morphine.

Jan. 27, at 7.30 A. M., tem. 99½, pulse 72, has considerable pain, for which she received hypodermic injections of *water*, but the pain not being relieved in four hours, she had a quarter of a grain of morphine. At 7 P. M., pulse 75, tem. 100°, considerable pain. The wound was dressed, and union by first intention was found to have taken place, excepting the lower half of the incision.

Jan. 28, 7 A. M., pulse 72, tem. 99°, considerable pain; wound dressed and a hypodermic injection of water administered. At 7 P. M. pulse 100, tem. 100°.

Jan. 30. Patient looks better than at any time since she has been in the house; she has the appearance of convalescence, and is much pleased with the operation. *She has had none of the*

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old sciatic pains, those from which she has suffered since the operation being entirely different, and what might have been expected after such an operation. To-day she passes her water naturally, which up to this time has been drawn with the catheter. At 7 A. M., tem. 99°, pulse 72. At 7 P. M., pulse and temperature the same as last night, and no pain.

Jan. 31. Same as yesterday.

Feb. 1, 7 A. M., sutures removed. Tem. 99°, pulse 72; not much pain. At 8 P. M., intense pain but not in the wound, resembling the old sciatica. Took off one adhesive strap, and gave *Hypericum* in water, which relieved the pain; pulse 90, tem. 100.°

Feb. 2, 9 A. M. Had a good night; pulse 64, tem. 99°.

Feb. 3, 9 A. M. Had an excellent night; pulse 68, tem. 98°.

Feb. 4, 9.20 A M. Had very little sleep last night, and does not feel very bright this morning; pulse 60, tem. 98½°. *Hypericum* continued. 3.30 P. M., pulse 72, tem. 98½°; better than in the morning.

Feb. 5. Had a better night; pulse 64, tem. 98°.

Feb 6, 10 A. M., pulse 66, tem. 98¾°; had a very good night; same remedy continued Nine o'clock P. M., pulse 66, tem. 99°.

Feb. 7, 10 A. M., had a very good night; pulse 100, tem. 100°; gave *Bell.* 3d; 9 P. M., pulse 80, tem. 98¾°. *Hypericum* continued.

Feb. 8, 10 A. M.; good night; pulse 72, tem. 98½°; 9 P. M., pulse 70, tem. 98½°; walked around with the aid of crutches for the first time outside of the room.

Feb. 9, 10 A. M.; good night; took a little walk; 9 P. M., pulse 70, tem. 98½°.

Feb. 10, 10 A. M.; good night; another walk; pulse 72, tem. 98½; 9 P. M, pulse 70, tem. 98½°.

Feb. 11, 10 A. M, pulse 70, tem. 98½°; took quite a long walk; 9 P. M., pulse 70, tem. 98½°.

Feb. 12, 10 A. M., pulse 70, tem. 98½°; took long walk in open air; 9 P. M, pulse 70, tem. 98½°.

Feb. 13. Discharged cured. From the time of the operation to the present she has not had any of the sciatic pain.

The following is an extract from a letter received on the 17th of February:—

"I think that even you would be surprised at my rapid prog-

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ress since I have been at home. I have slept beautifully both nights, and this morning I dressed myself without any help, and went down to breakfast. I stood the journey very well indeed, and reached home looking so well that I surprised the whole household."

On March 16, I received a second letter from the patient, from which I make the following extracts, as giving more in detail the exact state of the patient. She says: "I have already discarded the crutches and am doing nicely. There is one thing, however, that troubles me, and that is the swelling of the limb; it is always much more swollen at night, especially below the knee. Perhaps this is simply the result of using the leg after its long idleness. The wound also is sometimes troublesome, being irritated somewhat, and sensitive to the touch. Notwithstanding these complaints, I am very well. I have had *no sciatic pain*, and I have gained in strength and in flesh so much that you would hardly know me, never having seen me except as an invalid. In spite of the troubles I have mentioned, I do feel thoroughly well, and more glad and thankful than any words can tell. If you would like to see me, I am quite able to come to town."

No comment need be made on this case, as the patient has told her own story in her own words. I need scarcely say that the operation was performed in every particular like that described in Case I.

THE GALVANIC CURRENT IN THE TREATMENT OF DISEASES.

BY G. OEHME, M. D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

DR. E. S. DONALDSON prefaces an article, read before the Homœopathic Medical Society of the State of Wisconsin, with the following remark (Am. Hom., III 169):—

"The science of electro-therapeutics is not sufficiently understood and appreciated by our profession."

We fully agree with him, and assert that most physicians who do *not* use the galvanic current have an idea that it is almost exclusively applicable to paralysis and rheumatism, especially such cases as prove intractable under the usual homœopathic remedies. In order to convince these of their error, I will men-

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tion only *some* of the diseases, of every-day occurrence, which are very frequently cured much quicker by one of the two currents, than by homœopathic remedies: headache, various diseases of the eye and ear, coryza, cough, whooping-cough, asthma, nausea, vomiting, diarrhœa, constipation, various diseases of the skin, inflammations, etc. This list is sufficient to show that galvanism is one of our greatest polychrests. Therefore every practitioner should make himself acquainted with the management and use of the galvanic battery, so as not to deprive his patients of this great means of recovery.

Certain diseases require the *galvanic* (constant, continuous, or direct) current, others the *faradic* (induced, interrupted, or indirect) current; therefore a physician ought to be supplied with, at least, two different machines, one for each kind of current, but it will do well enough for a beginning to commence with a faradic machine, *i. e.*, one which produces a faradic current. He needs also a rheostat, an apparatus which is put into the circuit to modify the current. It removes also, at the same time, the unpleasantness of the shocks by offering a greater resistance to the current, but this is not the only advantage. We generally use quite a strong current, but introduce so many Ohms resistance of the rheostat that the current offers no unpleasantness to the feeling. Such a current gives better therapeutical results than an (originally) weak current *without* a rheostat. Any one can manufacture such an apparatus readily for an outlay of about fifty cents by following the directions given in the "Scientific American" of Nov. 9, 1878.

I had lately a case of lupus hypertrophicus on the nose, which, treated only by internal remedies for three months, did not show the slightest improvement. The patient, a young man, was syphilitic and intemperate. At last I used the faradic current, negative pole on the nose, the positive in the hand, and saw improvement in two days. By having a session every two or three days of eight or ten minutes, he improved faster than I ever saw a case of this kind.

We have frequently removed a coryza in ourselves and others in from one to three days, which would have lasted under common treatment from ten to fourteen days. We take a small cup, fill it with lukewarm salt water, place it on the table before the

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patient, and put the positive pole (wire through a short glass tube) into it. We connect the negative pole with one post of the rheostat, and fasten the cord of the other electrode to the other post of the rheostat. The patient submerges his nose in the salt water as deep as he can, breathing through his mouth. We then give him the negative electrode in his hands. We use quite a strong current, but have the posts of the rheostat so far apart that the current does not produce an unpleasant feeling, and continue its application for about ten minutes.

A lady of forty-five had had a bunion on the joint of the right big toe for about two years. It was preceded for a year by a hot, burning sensation, directly above the place where the bunion afterwards appeared, which was very often present during the latter's existence. The bunion was sore, painful, and inflamed most of the time. I applied the negative electrode to the bunion and the positive to the back of the foot. Decided improvement soon after the first application; after the third the soreness, inflammation, and painfulness disappeared, also the hot, burning feeling above. The size of the bunion remained about the same.

I use for generating the faradic current one of J. Kidder's machines. They are well made, furnish three induced currents of different quality, and are moderate in price ($20). He gives full printed directions how to manage the machine, and to use it in a number of diseases.

Such articles as those of Dr. Donaldson and Dr. C. W. Boyce (Amer. Hom., III. 27 and 57) do a great deal towards drawing the attention of the general practitioner towards the use of electricity in his practice, and we hope to see more frequently reports of cures by galvanism in our periodicals.

MORPHIA IN VOMITING.

BY IRVING S. HALL, M. D., WALTHAM, MASS.

CASE I. — Mrs. L., aged seventy, during August, 1876, was attacked with cholera morbus, the vomiting and diarrhœa both being very violent; the operations occurring on an average every hour, and the vomiting even oftener. *Ars.*, *Verat.*, *Camph.*, *Nux Vom.*, *Bry.*, *Ant. crud.*, and *ice* were used, both externally and

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internally, with relief to the diarrhœa, but with no effect on the vomiting. Thirty-six hours after the beginning of the attack the patient was in an alarmingly collapsed condition. Surface cold, face hippocratic, tongue parched, at times muttering delirium; vomiting or violent retching, occurring about every fifteen minutes. At this point I commenced giving *Morphia sul., third cent trit.*, in three-grain doses, after each attack of vomiting. The first dose produced no appreciable result, but after the second the interval before the next attack was prolonged to nearly an hour. After the third the vomiting was virtually checked, only recurring once or twice at long intervals. The symptoms of collapse soon passed off, and the patient slowly regained her usual health. I will add that as the vomiting ceased, I omitted the *Morphia*, and during convalescence she received remedies as indicated, mostly *Ars.* and *Phos. ac.*

Case II. — Mrs. E., aged thirty-five, five months pregnant with second child. During the previous gestation she suffered greatly from excessive vomiting, so that her health was seriously impaired and labor difficult. Tried at that time an extended course of homœopathic treatment and without any decided result. Feels rather hopeless of relief now, and is utterly discouraged at the contemplation of a repetition of her previous sufferings.

Oxalate of Cerium and *Ant. crud*, though seemingly indicated, produced no effect, and recalling the former failure of treatment, notwithstanding, as I had reason to believe, the careful selection of remedies, I at once left the somewhat beaten path, and began the administration of *Morphia sulphate, second cent. trit.*, three times daily. The effect was very satisfactory, for though the vomiting did not entirely disappear, it was greatly modified, the patient's health improved to a noticeable degree, and an easy labor followed at full term.

Case III. — Infant of eighteen months, sick with cholera infantum. The vomiting was most violent and incessant, continuing for days, the child rejecting all nourishment, so that death threatened to supervene from inanition. After the failure of various remedies and potencies, I gave *Morphia sul., third cent.*, in powders of less than one grain, and with the great pleasure of seeing the vomiting cease, and in due course of time the recovery of the patient.

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I have cited these three cases as representing the action of *Morphia* in widely differing spheres of gastric irritation; and though I have used it in other cases for the relief of this symptom during the last three years, the gastric symptoms have been so closely blended with other conditions requiring the use of intercurrent remedies, that their description would demonstrate but little.

For the direful nausea and emesis of sea-sickness I have as yet had no experience with this remedy, but it certainly seems indicated.

In looking over the pathogenesis of Opium, one finds under the gastric symptoms none so prominent as vomiting, both slight and violent, and under varying conditions; and probably few physicians have not noticed the obstinate emesis, in cases even to the extent of hæmatemesis, following the use of Morphia as a narcotic.

All this shows clearly that Morphia has a strong and definite power on the stomach, and why should not we as homœopaths utilize this conspicuous action of the drug?

Societies and Institutions.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The thirty-second session (36th year) will be held at Lake George, in June next. We believe the time has been fixed for assembling on Tuesday, June 24, and to continue in session till Friday, June 27 Already many members are looking forward to this meeting as likely to be one of the largest as well as most interesting and important ever held by the Institute. The delightful locality selected for the meeting is alone worthy a visit, and without a doubt the "social element" will enter largely into the anticipations and remembrances of this session. Already the various bureaus are at work on valuable matter which will be presented through the Institute to the profession, and persistent individual effort can greatly increase its value as well as amount. Let every society and institution of our school be represented at this meeting, and let every member not only go himself, but persuade as many of his professional brethren as possible to accompany him, and determine to make these four days "red-letter" days in his professional life.

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AMERICAN INSTITUTE OF HOMŒOPATHY BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.

THIS bureau appeals to the homœopathic profession for assistance in carrying out the object for which the bureau was established, viz. : —

First. To encourage the thorough organization of our societies and institutions, that they may do efficient work.

Second. The accumulation of statistics of the status and progress of homœopathy. This is a work of great importance alike to the scientist and the physician, and it properly comes within the province of our national association.

A special effort will be made the present year to carry forward this work. Let every society, whether State, county, local association, or medical club, select some one of its members who shall furnish its statistics ; such as, the number of enrolled members, time and place of meetings, and any important action taken, whether of a professional or public nature. Reports of the present condition and work done by our hospitals, dispensaries, infirmaries, homes, and by our colleges, schools, and journals, should be made. Each and every one of these should be fully represented, and contribute its quota to the aggregate of work done by progressive medicine for the advancement of science and the benefit of humanity. The bureau solicits aid and information from every reliable source.

I. T. TALBOT, 66 Marlborough Street, Boston ; H. M. SMITH, 107 4th Avenue, New York ; JONA PETTET, Cleveland, Ohio ; E. M. KELLOGG, 257 Broadway, New York ; T. FRANKLIN SMITH, 62 East 128th Street, New York ; J. B. BELL, Augusta, Me. ; B. W. JAMES, 18th and Green, Philadelphia.

BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS.

SPECIAL SUBJECT TO BE REPORTED UPON AND DISCUSSED AT THE NEXT MEETING: DRUG ATTENUATION IN HOMŒOPATHIC THERAPEUTICS.

1. History of drug attenuation in homœopathic practice, up to the death of Hahnemann, with a statement of its objects and methods.
2. History of drug attenuation in homœopathic practice, since the time of Hahnemann ; with a statement of its objects and methods, with especial reference to variations from those approved by Hahnemann.
3. The means employed in drug attenuation — what they should be, and the dangers of impurity.
4. The limits of drug attenuation ; or proofs of drug presence in attenuations above the third decimal — from the stand-point of the scientist.
5. The limits of drug attenuation, or proofs of the presence of medicinal power in attenuations above the sixth decimal — from the stand-point of the therapeutist.

Items of information, bearing upon any part of the subject selected by the bureau, sent by members of the profession, will be thankfully received and properly considered.

J. P. DAKE, M. D.,
Chairman.

NASHVILLE, TENN.

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, APRIL, 1879.

THE Professor of Dermatology in a certain allopathic medical school, when lecturing on *pediculi capitis*, used to take especial delight in entertaining his classes, year after year, by raising a laugh at the expense of homœopathy. He once had a patient, sorely afflicted with the above-mentioned parasites, who had previously been under the care of a homœopathic physician, Dr. X. Week after week had this Hahnemannian faithfully prescribed his two-hundredths, strictly according to the symptoms of the case, laboriously writing down all the latter in his note-book, arranged under the appropriate headings of *mind*, *sensorium*, *desires*, *aversions*, *position*, *aggravation*, *amelioration*, *temperament*, and sensations referable to every part of the body; and zealously poring over his Hull's Jahr (Allen's Encyclopædia was not published then), to find the exact similimum. The patient, finally concluding that Dr. X. did not quite come up to the scratch, decided to look up a new medical adviser.

Now, we all agree that Dr. X. was not a fair exponent of homœopathy, but instead, a misguided jackass; and as there are none such, of course, in the ranks of the allopaths, it is clearly impossible for us to recriminate and select an equally brilliant man as an exemplifier of the practice of their school.

We can often learn a great deal about ourselves from unfriendly criticism. If we are sensible, before getting very angry at the unflattering pictures drawn of us in this way, we shall carefully examine ourselves and see if there be not some truth mingled with the venom of the critic. If we can in this or in any other way discover weak points, it is our duty to strengthen them.

It would be absurd to call the case cited above to ridicule us a representative one, and yet it does really, in our opinion, expose, or rather suggest, one of our weak points, namely, that *we, as a school, are not sufficiently well posted in pathology and diagnosis*. More or less to neglect these branches is one tendency of the homœopathic law, which ought carefully to be guarded against. Perhaps some may think that calling it a tendency is putting it too strong. At any rate, such, in our opinion, has been the *result* hitherto, although, of course, a sound knowledge of pathology is not at all incompatible with a sound knowledge of

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homœopathic therapeutics. The corresponding weak point in the allopathic school is of course in the science of therapeutics. They make a *god* of pathology, and devote so much of their energy to its study that they have little left for the healing art. On the other hand, our school discovered the latter to be in such a deplorable state, and found such an enormous amount of work necessary to develop it (work which is yet far from being completed), that very naturally this has received the largest share of our attention; all the more, because from the very nature of the homœopathic law, a great many cures *can* be made even when we know nothing of the true pathological condition. And it is just here that the great danger we have been speaking of comes in. For some enthusiasts, recognizing this fact, having proved it by experience, apparently think, and at any rate seem to act as if they considered, that an accurate knowledge of pathology is never necessary as an aid to therapeutics; and naturally from this they argue that there is no special need of cultivating it except for purposes of diagnosis and prognosis, and so they become mere mechanical symptom-coverers. Thanks to homœopathy, they very often succeed; but their success would evidently be far greater, and they would be far more homœopathic, if in each case, besides covering the symptoms, they could nicely fit in the pathogenetic drug action to the pathological condition in the disease. With such a pathology as prevailed in Hahnemann's time, this would have been impossible and absurd; but with the advances in modern pathology it is not only possible but imperative. Everything is not yet ready for a perfect adaptation of one to the other, and may not be — probably will not be — for a long time to come; but the beginning has been made, and we shall have to work it out on that line, if we desire to be really scientific physicians and to reach the highest success. To be sure, if we are so feeble that we can do but one, it is far better to be able to *cure* disease than to know all about it. But if we are of the right stuff, we shall try hard to do both. We do not intend to say, by any means, that pathology is utterly neglected or discarded by us now. We have some in our ranks who are well versed in it, and our body, as a whole, has greatly improved within a few years, but the *general average* is still below par. Let each one ask himself candidly if it is not so.

SIXTH ANNUAL COMMENCEMENT OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Tremont Temple presented quite a festival appearance on the afternoon of Wednesday, March 5th, as the friends of the graduating class of the Boston University School of Medicine, and the friends of the

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university itself, gathered to assist in the Commencement exercises. Large pots of azaleas, delicate in white and crimson bloom, made a lovely border to the platform; the speaker's desk was wreathed with smilax, and mingled with it were half-opened rosebuds and brilliant carnations. On either side were rustic baskets filled with riotous-blooming trumpet-flowers, and at the entrance a pyramid of flowers formed by bouquets which were to be presented to each of the graduates. At the back of the platform, on either side of the organ, were two shields composed of white carnations wreathed with smilax; in the centre of one were the letters "B. U." and in the other "1879" in scarlet carnations. The Faculty occupied the platform, and the graduating class two rows of seats directly in front, while the Germania Band was stationed just below the platform. There was a concert by the band from half past two until three, while the audience was gathering, and at three promptly the exercises began with prayer by the Rev. M. J. Savage, followed by the annual statement from I. T. Talbot, M. D., the dean of the university.

In behalf of the Faculty of the school he desired to present to the authorities of Boston University the thirty-five pupils — twenty-five young gentlemen and ten young ladies — who sat before him as candidates for the degree of Doctor of Medicine, with all the rights and privileges which it confers. All had passed the full three years' course of study prescribed by the school, and a number of them had been medical students even longer. All but two had obtained all their medical knowledge at the school. The rigid examinations had been passed by all, the average mark of the class being eighty-four out of a possible one hundred, and in two cases pupils had received ninety-five per cent. The doctor, after having complimented the class on its scholarship, proceeded to speak of the aim of the school. This was, he said, to give a thorough course in every department of medical study. A distinguishing feature of the institution was that an entrance examination is required of all not Bachelors of Arts, — a barrier to the increase of ignorant doctors, the good results of which were already visible. A regular graded course of study has been adopted: each year has its own work. At the end of the fifth year it was thought advisable to improve the school by a thorough reorganization of the Faculty and curriculum; this was done, and the change had been more than justified by the experience of the year now ending. The term of study had been increased by the addition of a year of post-graduate study.

The strongest claim of the school to support lay in the fact that its therapeutic teaching was founded on a principle of cure which had

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only been understood since the beginning of the present century. No science or art had made such a complete revolution in the nineteenth century as medicine. There are now, he said, almost one hundred homœopathic physicians in Boston, and about eight hundred in New England, and if this class to-day numbered one thousand instead of thirty-five, each of its members would find employment. Eleven homœopathic medical schools and eighty homœopathic societies were now in existence in the United States. In Boston last year over 13 000 sick poor were treated in this way. Dr. Talbot was very severe on the city authorities for debarring homœopathists from the City Hospital, citing with approbation the great hospital on Ward's Island, New York, where homœopathic treatment is in vogue. The Dean laid especial emphasis upon the need of homœopathic treatment of the insane, and praised the progressive spirit of New York, which had established such a hospital and put it under the care of homœopathic physicians. The president of this hospital, Hon. Fletcher Harper, Jr., speaking of the comparative success of the old and new medical practices, says the figures stand as two to one in favor of homœopathy upon reliable reports. In South America the new idea was spreading gratifyingly and becoming very popular. 'T was Dr. Hahnemann, eighty years ago, who discovered and published the great virtues of aconite administered in small doses, since which time thousands of persons have borne testimony to its efficacy. And now, said the Dean, we read with refreshing assurance in allopathic journals of the discovery by allopathic physicians of the virtues of aconite in small doses to allay fever. And in a text-book just issued is this statement: "The virtues of aconite are only beginning to be appreciated, but the author ventures to predict that erelong it will be extensively employed."

He referred to the recent troubles in the university, which were entirely from the outside, and which the students neither encouraged nor sympathized with, and paid a very well-deserved tribute to the attitude which they all took during the short existence of the threatening dissatisfaction.

The salutatory was then read by Miss Clara Elizabeth Aldrich in a very charming manner. She spoke of the ignorance and obstinacy against which homœopathists have to contend, and urged her brother-graduates to carry high the snow-white standard on which were the inscriptions "*Similia similibus curantur*" and "*In hoc signo vinces.*" The young lady's pithy sentences and anecdotes evoked frequent applause, and at the close of her reading she was overwhelmed with floral gifts.

After further music by the Germanias — who, by the way, did their

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prettiest — President Warren arose and requested the graduates to stand, as he said: "In the name and by the authority of the Senate and the trustees of the Boston University, I hereby now admit you, who are of legal age, to the degree of Doctors of Medicine, to all the rights, privileges, and powers which by law or custom appertain to the same. In witness whereof you will now receive, as your names are called, the duly executed diploma of the university."

As the names were called by the demonstrator, each student in turn arose, ascended the platform, and received a bouquet from the Faculty, through Mr. John P. Kinney, and then his or her diploma — the parchment roll being fastened by a white or red satin ribbon — from President Warren. Passing from the platform by the other stairway, each graduate was the recipient of other floral tributes from friends, in the way of elaborate bouquets, floral baskets, and other appropriate designs. As each name was called in a loud and clear voice, a round of applause showed the popularity of the student. The ladies who received the degree were loaded down with flowers as they left the stage.

The valedictory from the class was given by John Preston Sutherland, and was a manly, well-written address, full of lofty sentiment and practical counsel. The response, on behalf of the Faculty, was made by Professor Mary J. Safford Blake.

We regret that our limited space will not allow us to reproduce it in full. The following extracts have been made from it: —

"The science of homœopathy has shared the fate of all progressive ideas; its growth has been slow but sure wherever intelligence has paved the way for it. The New World has not had the precedence of centuries to overcome in accepting new truths, and hence the strength and growing vigor of homœopathy to-day in America. Its blindest, and as a consequence bitterest, opponents are compelled to acknowledge the great good it has done in one direction, at least, namely, that of ameliorating heroic doses in the old school.

"I am glad to see not only how the theories of our school have modified those of the old, but that homœopathy seems to inspire a broader and more generous spirit of humanity into the medical world. I am glad to know, for instance, that if you were called to counsel or aid a brother physician, you would not hesitate to respond to his urgent need till you had ascertained to what medical society he belonged, and then refuse to help him, when life might be at stake, because the views of your society did not accord with the regulations of his. You will go forth wherever your skill is required. You will be tolerant to the intelligent opinions of all who may differ from you. You will endeavor always to ground your judgments upon the sure oundations of intelligence.

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"When once dedicated to the study of medicine, if you would progress your whole life will be that of the student. Nor must it be forgotten that the close relation between medicine and the other sciences compels a physician who would attain the highest levels to keep pace with the march of all scientific truth.

"Not only science, but philanthropy, must have a close place in your mind and heart.

"There are many unsolved problems in the care of the unfortunate — those diseased morally, mentally, and physically — which the physician, by the nature of his education, is best fitted to solve. There are social questions, vital as life itself, with which he can deal best for the greatest good of humanity. Perhaps the most striking and yet the most obscure of these questions is that of heredity, upon which, as evolution teaches us, the future progress or decay of races depends.

"When the record of public health tells us that out of one thousand children born in Boston, two hundred and seventy-five die under one year of age, and more than eighty-six in one thousand under five years of age, we are brought to a realization of the dangers that encompass us. This startling death-rate among the innocents must strike terror to the hearts of those able to command their surroundings, as well as those subjected to the privations of poverty; for Back-Bay mansions offer up almost as many victims, in proportion to their numbers, as the tenements at South Cove.

"The responsibility of the physician, then, in the household, to help remove all health-depressing and disease-developing conditions, cannot be overestimated. The purity of the water supply. . . . The selection, preparation, and administration of food. . . . The dangers from faulty drainage. . . . The great questions of ventilation, light, and sunshine. . . . The question of dress, as much as any other, a question for the physician. . . . And then comes the good gospel of cleanliness, — when to bathe, how to bathe, and why to bathe.

"The physician knows as no one else knows the importance of well-balanced nerves and muscles. Hence his duty to prescribe understandingly proper exercise and proper rest. Does the physician's duty cease in the house and with his patients? Far from it. To him must be largely intrusted the care and intelligent oversight of the public health. Where is the intelligence of the physician to-day more needed than in seeking in our public schools the causes which so largely undermine the vigor of our children? Whose duties and responsibilities are greater towards the unfortunate class deprived of their reason?

"These are vital, moral questions, ever presenting themselves for

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his discussion and settlement. To these the physician must give his attention in order to add the weight of his approval or denial.

"I have pointed to the heights toward which your profession may lead you. May your life conduct you to those heights, led by these ambitious and high examples, accompanied by pure and sustaining friendships, and by many worthy deeds, until at last you reach the company of those gifted with the noble title — GOOD PHYSICIAN.

GRADUATES OF THE CLASS OF 1879.

CLARA ELIZABETH ALDRICH	South Framingham.
FRANCIS LESTER BABCOCK	East Dedham.
JUDSON LEE BECK	Boston.
ADA BINGHAM	Monroe, Wis.
JAMES EDWARD BLAISDELL	Chelsea.
EDWARD ALISON BUTLER	Haverhill.
ADALINE BARNARD CHURCH	Winchester.
LAURA WORTHINGTON COPP	Chelsea.
JANE KENDRICK CULVER	Boston.
MARIA LOUISA CUMMINGS	Boston.
EDWARD HARVEY ELLIS	Rockville.
CLEMENT HOWARD HALLOWELL	Bangor, Me.
WEBSTER OLIVER HARDY	Nelson, N. H.
FRANCIS WAYLAND HARTWELL	New Marlborough.
HENRY JEFFERSON HASCALL	West Medford.
MANUEL SCOTT HOLMES	W. Waterville, Me.
*FREELAND DAVID LESLIE	East Boston.
ANNA MARY MARSHALL	Philadelphia, Pa.
NELSON COBLEIGH PARKER	Newtonville.
LUMAN BOYDEN PARKHURST	Hopkinton.
JOHN HOWARD PAYNE	Bath, Me.
*GEORGE EMERY PERCY	Bath, Me.
ROBERT ERNEST PIERCE	Melrose.
CHARLES SUMNER PRATT	Shrewsbury.
*FRANK CHASE RICHARDSON	Boston.
OSCAR WALDO ROBERTS	St. Albans, Vt.
CHAS. RUFUS ROGERS	East Wareham.
CLARA HANNAH ROGERS	Fort Atkinson, Ia.
ORREN BURNHAM SANDERS	Boston.
CHAS. SAMUEL SARGENT	Boston.
HERBERT ELWYN SMALL	Boston.
*EDMUND BURNARD SQUIRE	Boston.
JOHN PRESTON SUTHERLAND	Boston.
CARRIE HELEN WEST	Winchester.
SARAH ELIZABETH WILDER	Andover.

* Diploma will be conferred when the candidate attains the age of twenty-one years.

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SUPPER OF THE GRADUATING CLASS.

On the evening of Commencement Day a supper was given to the graduating class and alumni by the Faculty at the Revere House. There was a very large attendance, the long dining-hall being full of ladies and gentlemen. After the feast was over, Prof. Smith, who acted as toast-master, called upon President Warren, who made some very interesting remarks upon the recent changes in the curriculum, and upon the high aims and aspirations of the school. The rest of the evening was spent very pleasantly in hearing several good responses to toasts, amongst which was a humorous poem, by Prof. Conrad Wesselhoeft, on the "Building of a Doctor," the conclusion reached being that it was easy enough to build a doctor, if at the outset the proper *stuff* was furnished. Prof. de Gersdorff's response having been committed to writing, we are enabled to give it entire. It was entitled:—

ACADEMIC LIBERTY.

Mr. President, Ladies and Gentlemen:—

When you call upon me, a German, to address you, Americans, on liberty, I am reminded of the story of a German traveller, who related that he found Germans everywhere, among all nations and races, in all countries and in all institutions, and always ready to speak on all topics, only *not in their own tongue*. Even on the top of Mt. Ararat, in Armenia, in an old monastery, he stumbled on a German (who was of course the brewer), and who insisted on making to the visitors a speech on monasterial history in very bad Armenian. I am afraid that my subject will fare equally ill on account of my bad English, and ask therefore your permission to sustain my memory by referring to my notes. As to the subject of the toast, — *Academic Liberty*, — you, my friends, as born and bred republicans, are well acquainted with the first conditlon of liberty, namely, the self-restraint of the individual, which constitutes the freedom of the community; while any single member, overstepping his boundary of rights, infringes on the liberty of the commonwealth. Liberty is therefore a relative term, but the definition given may serve at the same time as a practical rule for the management of all schools and academies, — for teachers and officers as well as for students. It implies that liberty is not license, — the liberties claimed and taken which encroach upon general liberty, — and that law and order must be kept. I need not expatiate upon this definition of academic liberty any further. But I have in my mind another kind of academic liberty, rather a rare plant as yet on these shores,

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more indigenous in that republic of letters formed by the old seats of learning, the German universities, but to which also *we* may nevertheless aspire here and now. This liberty depends not on the right of suffrage, not on a majority of votes, it is not political, but it is a higher, a philosophical, a critical liberty of the mind, — *the liberty to teach and to learn according to one's inward convictions*, uninfluenced by any religion, untrammelled by any government or political party or power, uncontaminated by any hankering for riches or any striving for personal success. Such a liberty will never allow the mind to become enslaved by any theory or dogma, but will form men who are able to combine conservative thoroughness in their studies with readiness for progress and reform; men who cultivate the arts and sciences for the sake of these, disregarding their own success or reward. Such a liberty stands above the law, it produces in any school a high tone and an elevated spirit, and calls out in each student individual development of energies and novelty of thought. It is founded on trust in each other's honor, and on mutual confidence between teachers and pupils. In our own school, which has at least all the advantages of youth as yet, the question arises, Have we made the best of our advantages, and have we started and established a high enough aim in the right direction? Have we, teachers as well as pupils, acted on the principle of this academic liberty?

I think we have made a very fair beginning. Although we may not boast of great celebrity, although we cannot rest on any outside material aid or promise of aid from city or State or elsewhere, although we are confined to our own exertions and earnings, and our main outside stimulus or moral prop consists in the very opposition which is raised against us from certain conservative quarters, we have nevertheless kept up the independent character of our school in medicine, which includes at the same time a reform in therapeutics, and have a right to be proud of the earnestness of our members, teachers and students, to bring our peculiar therapeutical method into the right relation to all auxiliary branches of medicine.

But I have lately been particularly pleased with the evidence of academic liberty in our school, which has evinced itself in the *theses of the graduating class.* These thirty theses, with which this year our graduates have ventured forward into publicity, although they may not be quite as powerful in breaking down old abuses as those of old Luther in Wittenberg against popery, yet I am proud to say, in spite of the various shortcomings and crudities which occur in them, that the manifold variety of them, the strong spirit of reform in many of them, the faithful endeavors for research and observation in others, certainly

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with none too close adherence to what had been taught, then again the truly cyclopædic richness of stored-up specialities and facts of others, — all this has proved to me that we as teachers have not checked the development of mind in our students by too much attempt at control, that on the contrary our teaching has been more suggestive than dogmatic, and that on the other side the offered instruction has been received by the students with a free spirit of criticism and self-dependence. The toast-master would not allow me the time, or I could give you sufficient proofs of interesting, novel, and instructive reading from these essays. I can only say that while some have held closely to the materialism of disease, entering upon the morbid pathology with true relish and with an eye to diagnosis mainly, others have striven by a close description of symptoms to portray cases for therapeutical (namely, homœopathic) purposes, and some have given us a vivid description of rheumatism, of erysipelas, of dyspepsia, of typhoid and other contagious and infectious fevers, with particular regard to their zymotic etiology; while the direst and most pernicious maladies the human flesh is heir to, like scrofulosis, syphilis, phthisis, hydrophobia, and morbus Brightii, have been tackled by some of these youthful writers with undaunted spirit, others have handled not less ably physiological and general pathological questions, like the circulation of the blood, the relation between brain and body, the human hair, the lymphatic system; others again have entered upon speculations on the hygiene of the nervous system, on heredity, on mental diseases, on law applied to the science of medicine, others on reform and rationalism in medicine, with such an independent and daring spirit as to make even me, an old radical in medicine, shake in my shoes. One reached the climax of all speculation in "Science as an Art of Medicine," which transcended even my German logic, and one more, in a loftier strain, argued, in a very gem of a thesis, "The Beneficence of Pain" (of which, by the way, I shall keep a small pocket-copy for the future, to read to my suffering patients, instead of giving them *Spigelia*, *Gelseminum*, or *Colocynthis*). When you look upon these first offerings of college acquirements, certainly you must acknowledge that here are riches indeed, in all variety; here is liberty of thought, and independence in the selection as well as in the handling of the various subjects; and observe well that therapeutic questions, the scantness of which might strike you, were wisely left to a later time, when experience in the school of professional life, now to be entered upon, shall have been gathered by the youthful authors. Nor am I mentally distressed, when homœopathy as such has this time not been made the subject of an essay, written (perhaps) with a purpose of showing off the soundness

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of the writer's views on therapeutics; for I feel sure that any student who has been among us for three years will never entirely forget what there is true and practical in the homœopathic method of therapeutics.

But enough of this. My endeavor has been to prove to you that in these theses the academic liberty has shown itself sufficiently alive. Let me finally add that liberty being, as we saw, a relative term, it is peculiar to a politically free country, in which all are alike before the law; that a certain restless and pushing spirit pervades all classes of society, especially the lower; and that by the great facility of personal success, extended to every one, a certain shallowness in all avocations or professions is produced. Ours is such a free country, and sometimes the pushing and striving for a professional career is irrepressible, and reaches the ridiculous rather than the sublime; men rush to the higher branches of science when not sufficiently educated, and we may see the very doorkeepers of the halls of learning intrude upon the benches of the students with a practical view to the end. Such is not the academic liberty we wish to enjoy in our school; but that which I have tried to hold up to you is in fact rather a moral quality of the mind, and is acquired only by diligent and careful preliminary education, by earnest desire for truth in science, and by the highest aspiration for honor and virtue.

ANNUAL MEETING AND DINNER OF THE ALUMNI ASSOCIATION OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

A LARGE and enthusiastic meeting of the alumni of the Boston University School of Medicine was held at the Revere House, on Thursday, March 6, at 4 P. M. The annual address was delivered by the president, H. A. Chase, M. D., of Cambridge, and an oration by Sarah E. Sherman, M. D., of Salem. The following resolution was unanimously passed: "*Resolved*, That this association tender to Dr. George W. Spears, of Charlestown, an expression of our sympathy in the recent trial to which he has been unjustly subjected, with the assurance of our continued confidence in him, both morally and professionally." At six o'clock the association adjourned to the dining-room, where the evening was spent in a most enjoyable manner, Dr. Harry H. Cushing serving very acceptably as toast-master.

Toasts were happily responded to by Drs. Forbes, Osgood, Foster, Coffin, Sherman, Cobb, Campbell, and others. The following-named officers were elected for the ensuing year: M. A. Payne, M. D., of Dover, president; Charles Leeds, M. D., of Chelsea, and M. L.

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Cummings, M. D., of Boston, vice-presidents; J. W. Clapp, M. D., secretary; G. W. Spears, M. D., of Charlestown, orator.

We give in part the poem of Dr. E. W. Foster, and regret that our limited space will not allow us to print the whole.

TOAST: "THE DOCTOR AS A SOCIAL ANIMAL."

PRELUDE.

OUR good toast-master rings his little bell,
But who the victim is, none yet can tell.
Until at last his frenzied, rolling eye
Lights on the wretch he urges to reply,
Who, with a pale diathesis of fear,
Starts in a voice the nearest cannot hear;
When cries of "Brace up!" "Louder!" and "The question!"
Promote at once arterial congestion.
So, midst these cheering sounds of mixed profusion,
His face, a red moon, blooms in sweet confusion.
No matter if the *toast* be *hard* or *soft*,
He first must clear his throat, full deep and oft;
And then grabs at an idea round him twirling,
Lets go his hold, and sits down all a-whirling!
But one cries out in thunder tones, "Ho! ho!
You cannot catch an aged weasel so."
And therefore he has sought a slight reprieve,
And written out his speech, — as you perceive.

TEXT.

"The doctor as a social animal" —
  Depends upon the nature of the case;
For when the winds blow fair, he keeps his den,
  But when ill comes, we always see his face.

Thus he becomes a sanitary bob, —
  Without a bite or nibble, he lies still:
But let some ill-distemper jerk the line,
  Then he is lively as a drastic pill!

Or then, again, he is a good barometer,
  So fat and social when the rest are thin;
Let them in turn be healthy and robust,
  He takes to contemplation — or to gin!

So when the green and gay-seductive fruit
  Of spring or summer crams the youthful vest,
The bold cucumber and the melon stout,
  The penetrative apple, and the rest, —

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The doctor jumps with glee and rubs his hands.
"Behold," saith he, "how colics blossom now!
I bless each bearing tree and creeping vine,
For there 's a gripe on every twig and bough!

And for this are we doctors," murmurs he.
And straight replenisheth his stock of pills,
Which are the grape-shot and the canister
He charges on the horde of human ills.

Ah! yes, the doctor *is* a social animal,
But more so when distempers are about;
His smiling face is then a cheerful sight, —
His calls are frequent, and his purse is stout.

He hitcheth up his equine quadruped,
And with a jump is seated in his gig;
And then, like Tam O'Shanter on a tare,
He rippeth down the street in wildest jig.

Ah! yes, the doctor is a social animal,
But don't go near him when his pulse is low:
Unless perchance your mother-in-law is sick,
And then up lights his face with sudden glow.

Obituary.

Died, Feb. 16, 1879, F. H. Underwood, M. D., of Boston.

Dr. Underwood was born in Wales, Mass., in 1830, but most of his early life was spent in Chicopee, where he still has many warm friends. He was for many years a pupil of Dr. Samuel Alvord, of Chicopee, for whom he entertained the highest esteem, and between whom and himself there existed a warm personal friendship at the time of his death. He received his medical education at Harvard, and first entered his profession at Swanzey, N. H., where he had a large practice, which extended to adjoining towns.

In the year 1859 his attention was called to the system of homœopathy, through his intercourse with Dr. Wm. B. Chamberlain, then of Keene, N. H. After some years of careful investigation, study, and practice, he graduated at the Homœopathic Medical College of Pennsylvania, in 1867.

In 1863 he removed to Millbury, Mass.

He was a prominent member of the Worcester County Medical Society, and held various offices of trust in the town where he resided. From Millbury, in 1870, Dr. Underwood removed to Boston, where he

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has since lived and enjoyed a successful practice. For two years he held the office of librarian, and for two years that of corresponding secretary in the Massachusetts Homœopathic Medical Society, and for several years did good service as Committee of Arrangements. He was also for several years connected with the staff of the Homœopathic Medical Dispensary. During the past year he has been a great sufferer, but has borne his sufferings with a fortitude and cheerfulness seldom equalled. He was a man of rare integrity and purity of character. As a friend, he was faithful and disinterested, and as a physician he was skilful, sympathetic, and conscientious.

PERSONAL.

DR. GEO. W. STEARNS has removed from Groton to Marblehead, Mass.

DR. EMMA M. E. SANBORN has removed to 1305 Chestnut Street, in St. Louis, Mo.

DR. W. M. L. FISKE has removed to No. 12 Bedford Avenue, corner Morton Street' Brooklyn, N. Y.

MARY K. GALE, M. D., has removed her office from the Wollaston Hotel to the residence of Mr. George W. B. Taylor, Newport Avenue, near the railroad depot.

Locations of some of the Class of '79, B. U. S. M. : —

E. H. ELLIS, M. D., Holliston, Mass.
A. M. MARSHALL, M. D., Philadelphia.
M. S. HOLMES, M. D., Waterville, Me.
E. A. BUTLER, M. D., Lawrence, Mass.
C. H. ROGERS, M. D., Lawrence, Mass.
C. H. HALLOWELL, M. D., Exeter, N. H.
C. R. ROGERS, M. D., Westborough, Mass.
F. L. BABCOCK, M. D., East Dedham, Mass.
GEO. E. PERCY, M. D , 680 Tremont St., Boston.
JOHN H. PAYNE, M. D., 677 Tremont St., Boston.
J. L. BECK, M. D., 167 Warren St., Boston Highlands.

DR. W. C. RICHARDSON, of St. Louis, has removed to 615 Locust St.

O. B. SANDERS, M. D., with his uncle at 511 Columbus Avenue, Boston.

O. W. ROBERTS, M. D., Palmer, Mass., taking the practice of J. K. Warren, M. D., during his temporary absence in Europe.

Other locations : —

B. G. CLARK, M. D., Windsor, Vt.
H. D. GOULD, M. D., Newport, N. H.

DR. F. LEAVITT, formerly with Dr. J. H. Jones, of Bradford, has located at South Royalston, Vt.

L. A. PHILLIPS, M. D., formerly associated with Dr. J. H. Woodbury, succeeds to his practice at 165 Boylston St., Boston.

MARRIED. — In Boston, March 10, by Rev. James Read, DR. J. P. SUTHERLAND, of the Class of '79, B. U., to EVELYN G., daughter of the late JAMES BAKER, ESQ., all of Boston.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 5. MAY, 1879. VOL. XIV.

NERVE STRETCHING.

BY WM. TOD HELMUTH, M. D., NEW YORK.

(Continued.)

STRETCHING THE INFERIOR DENTAL FOR NEURALGIA.

CASE III. — Mrs. W., æt sixty years, of good general health, and the mother of seventeen children, in November, 1859, after one of her confinements, suffered from a severe trembling of the loins and pain in the spinal column, which was only relieved by time and rest. In January, 1865, after the birth of another child, a similar sensation was noticed, which was accompanied with pain, swelling, and sensitiveness in the back of the neck. In the autumn of 1868 she was suddenly taken at midnight with excruciating pains in the right side of the face, beginning at the ramus of the inferior maxillary, and extending all over that side of the face. This neuralgia was periodical at midnight, and of a most intractable character. Very many applications and medicines were used, with no perceptible effect, the pain gradually wearing itself out. From this period she had irregular attacks of prosopalgia of a violent nature, always, however, attacking the same region.

In August, 1874, she went to the State of Delaware to visit some friends, and while there she experienced such severe pains in the right side of the lower lip and chin, accompanied with such exquisite hyperæsthesia of the parts that the slightest contact of water or the pressure of the tongue caused her much agony, or, to use her own expression, "would set her crazy." On account of this attack she was obliged to return to Philadelphia, and when she arrived there, the pain was so intense that she was not able

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to move the lips, even to speak. At this juncture, she took *Kalmia latifolia*, one drop of the tincture four times a day, for two days, and one drop on the morning of the third day. From that date, for over a year, the pain disappeared.

In July, 1876, having again been attacked with pain at irregular intervals, and becoming discouraged, all the teeth of the upper jaw were extracted, and again she had an interval of rest for a year.

In 1877, the pain, always of a severe character, again made its appearance, and from about the month of March, 1878, she began to find that the suffering concentrated itself at the *right side of the lip*, exactly in the locality of the mental foramen of that side. Nothing that she did produced any benefit; even morphine, hypodermically, and the electro-puncture and galvanism, having no good effects. Her sufferings were so intense that it would take several persons to hold her. In the month of August she had all the teeth removed *from the lower jaw*. For four days she had a respite after this operation, but again her sufferings returned. She tried all kinds of medication without effect, and on the 27th of December called Dr. Blumenthal, who faithfully tried medication combined with electrical treatment, she receiving thirty-eight applications of the latter. It may well be imagined that the lady became not only discouraged, but wellnigh desperate. Dr. Blumenthal therefore recommended that nerve stretching be tried, and called upon me to perform the operation. After some consideration, I concluded not only to stretch the nerve, but also to perform neurectomy upon it.

By measurement and dissections made upon the cadaver before this operation, I found that the inferior dental (the largest of the three divisions of the third division of the fifth pair) passes out of the mental foramen, taking its course upward and a little toward the median line, and that although the site of the foramen varies somewhat, it generally will be found six and one half centimetres from the centre of the symphisis, and one centimetre and six millimetres from the inferior line of the bone. I have verified these points by dissections and measurements. To properly stretch, therefore, this nerve (and I concluded to pull it both centripetally and centrifugally before I excised a portion of it), I made an incision about an inch and a half long, so that the

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centre of the cut would correspond to the lower margin of the mental foramen. I carried this carefully down through skin, fascia, and muscles. There is always smart hemorrhage from these parts, but finally, after careful dissection, I came down upon the nerve at the point of its exit from the bone, and having raised it on a blunt hook, drew it out about one eighth of an inch. The nerve was reddish and adherent, and the connective tissue, attaching it to the sharp margins of the foramen, comparatively dense. I mean by this, stronger than I had found it in the dead subject. Having separated these adhesions, I cut off a small portion of the nerve, and closed the wound.

My reasons for performing this operation in this manner were, if possible, to destroy not only peripheral irritation by the division of the trunk, but to diminish the irritability of the entire length of the nerve by the previous stretching.

The operation was performed on Feb. 20, at 2.30 P. M. That night her temperature was 101° and pulse 72°.

On the 21st the pulse was 70, temperature, 100°; no pain.

On the 22d the pulse was 80°, temperature, 99½°; some throbbing in the neighborhood of the cut.

From this time she has had no constitutional symptoms. She has been free from any neuralgia along the course of the nerve, but has hyperæsthesia around the part, and especially *under* the tongue.

On March 14, I found her with this report: *No neuralgia in the course of the nerve;* the external parts around the chin, that she could not bear touched, can bear quite firm pressure; sleeps well all night; no pain inside excepting when *she moves the tongue or tries to talk.*

The fact is, that so far as stretching the nerve in that part is concerned, the neuralgia thus far has been arrested; but I am fearful that there may be some further irritation nearer the ganglion of Gasser, and I am the more disposed to this belief because the gustatory nerve is in such close proximity to the inferior dental branch.

The medical management of the case was under the direction of my friend, Dr. Blumenthal, who to-night (April 3) informs me that the patient is not only free from pain, but that the sensitiveness and pain surrounding the parts have entirely disappeared.

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This pain I had attributed to the gustatory nerve having its origin with the inferior dental. The doctor, after having given *Spigelia* and *Gelseminum* a fair trial without benefit, gave *Conium*. The two hundredth potency relieved her for a time, but lost its effect. He then gave the twelfth, but with little result. Thinking that *Conium* was still the medicine, he prescribed the sixth, with rapid and continued improvement. She is now, as Dr. Blumenthal states, quite well.*

REMARKS.

The first experiments in nerve stretching were made by Harless and Haber, in 1858, and in 1864 Valentin arrived at the following conclusions, which were more recently verified by Paul Vogt: That nerve stretching, in a moderate degree, lengthens the primitive fasciculi of the nerve trunks, and by decreasing their calibre, frees them in a greater or less degree from the pressure exerted upon them by their sheaths, and that the microscope, even after quite extensive stretching, does not discover anything abnormal, excepting that, at certain points, the nerve substance appears to be separated from the neurilemma.

According to further experiments, the fact is apparently proven that "the excitability of a nerve trunk, and the reflex excitability of the parts supplied with it, are lowered by prolonged stretching." Various experiments were made to answer the following postulates:—

First. Does the forcible extension of a nerve trunk act especially on the central ganglion or organ?

Second. Does the stretching, instead of affecting the origin of the nerve, produce changes in the organ supplied by its terminal (peripheral) extremities?

Third. Is the power of a nerve, thus treated, altered as a conductor of sensibility?

With regard to the first point, it has been found that the central organ is *not materially* affected by stretching; to prove this, the sciatic nerve of a goat was laid bare at its junction with the spinal cord, and also between the tuber ischii and the great trochanter; at the latter point, the trunk was stretched to such a

* Case No. III. was published in the April number of the "American Homœopathist," of which Dr. Blumenthal is editor.

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degree, that the nerve ruptured, but no change could be noted to take place at its spinal connection. The reverse of this, however, took place when the direction of the force was altered. Two openings were made on the arm, one just above the wrist, three centimetres square, on the flexor surface of the forearm, and the median nerve exposed. A second opening was made at the brachial plexus, and the nerve also exposed at that point; traction was then made upon it in the latter locality, and at once the nerve at the wrist opening could be seen to move considerably from its position. In other words, the *centripetal stretching* produces a material effect on the peripheral termination of the trunk.

With reference to the last point, as to whether the power of the nerve as a *conductor of sensibility* is altered by stretching, after various experiments the following conclusions were noted, viz., that the nerve is only elastic and stretchable within certain limits, that the limits of normal elasticity correspond with the physiological limits of the motion of the human body, and that any attempts to stretch the nerve beyond these limits are followed by a rupture in its continuity. In the second of my reported cases, it will be noted that the lady was always better when the sciatic nerve was put fully upon the stretch, almost to its extreme physiological limits, viz., when she was on horseback, with her knee over the pommel of the saddle, in a state of flexion and abduction; the leg, also, in this position being flexed on the thigh, and muscular power exerted to hold the body firmly in the saddle during the movements of the horse. From these facts, it would appear that nerve stretching, carried beyond the ordinary elasticity of the nerve to a degree sufficient to separate the continuity of the primitive fasciculi, is at least one point in the rationale of the cure, or all events in the relief of the pain.

With reference to the *amount of stretching* required, the following were the results of interesting experiments reported by Vogt:—*

1. That slight stretching (once) of the trunk of the sciatic in decapitated frogs *increased the reflex irritability* of the respective extremity.

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* Die Nerven-Dehnung, als operation in der chirurgischen Praxis. Leipzig. Vogel., 1877, page 5.

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2. That a second stretching, following shortly upon the first, *reduces the irritability.*

3. That a third stretching, following the second, reduces the irritability far below the normal standard, though mechanical stimuli may still act.

4. That the *centripetal fibres of the sciatic* cannot be exposed to prolonged and forcible stretching without losing, partially or fully, their function.

From these, he lays down the axiom that "every severe stretching of a nerve trunk reduces its irritibility and its reflex power, in the region supplied by it; or, in other words, the mechanical irritation of stretching changes the mechanism of nervous activity."

The following is the list of published cases in which the operation of nerve stretching has been performed, as given by Dr. Paul Vogt,* in his work on the subject: —

1. Billroth (operation performed in 1869, published in 1872): Laying bare the sciatic nerve and examining it with the finger. Nothing abnormal was detected. The spasm of the leg, for which the operation had been undertaken, completely ceased within three months of the operation.

2. Von Nussbaum (operation 1872): Laying bare and stretching the brachial plexus, on account of an intense neuralgia, of spasmodic contractions, and loss of sensations of the muscles of the arm. This operation was most completely successful.

3. Gärtner (1872): Laying bare and stretching the brachial plexus, for a paralysis of thirty-four years' standing. The arm was greatly wasted and the fingers contracted.

4. Patruban (1872): Laying bare and stretching of the sciatic nerve for sciatica. Great amelioration.

5. Vogt (1874): Laying bare and stretching of the ulnar nerve for paralysis, in consequence of adhesions with nerve point. Cured.

6. Von Nussbaum (1875): Laying bare and stretching of the tibial and peroneal nerves in a case of reflex epilepsy. Complete cure.

7. Callender (1875): Laying bare and stretching of the

* Monthly Abstract of Medical Science, November, 1877.

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median nerve in the stump of a forearm, on account of neuralgia. Cured.

8. Von Nussbaum (1876): Laying bare and stretching the sciatic and crural nerves of both sides, for central disease. Paralysis of lower extremities with clonic spasms, following on a fall eleven years ago. Spasm entirely cured.

9. Vogt (1876): Laying bare and stretching the brachial plexus in traumatic tetanus following extensive injury to the hand. Cured.

10. Kocher (1876): Laying bare and stretching of the tibial nerve for traumatic tetanus.

11. Petersen (1876): Laying bare and stretching of the tibial nerve for neuralgia.

12. Vogt (1876): Laying bare and stretching of the inferior dental, for neuralgia. Cured.

Besides these Dr. Vogt gives three other cases of his own, each time for tetanus, and in two of the three cases the patients recovered. The following one of his cases may be cited to show the philosophy of the operation. The case was one of traumatic tetanus, following injury to the hand. (Case 9, cited above.) The patient was a man sixty-three years old, in whom tetanus had developed about two weeks after his receiving a severe lacerated wound of the right hand. In spite of local treatment and large doses of opiates, violent opisthotonos set in, with tonic rigidity of the back and lower extremities, with intercurrent clonic spasms. The wound had not thoroughly healed, but neither this nor any part of the arm or forearm was abnormally sensitive, while pressure over the region of the brachial plexus caused pain and a return of the tonic contractions of the muscles of the neck. Other treatment having been of no avail, and the cicatrix of the wound being in the vicinity of the median and radial nerves, it was decided to divide the cicatrix, detach the edges of the wound, excise these two nerves, and also stretch the brachial plexus. After the operation at the seat of the wound had been performed, the brachial plexus was exposed through a longitudinal cut at the anterior border of the trapezius, about two inches above the clavicle. The loops of the plexus were then raised upon the finger, drawn out, and thoroughly stretched in both directions. In the operation, the nerve sheaths, which were found to be quite

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red, were freely divided. The wound was dressed with salicylicated jute, a drainage tube having been used to provide for free discharge. A short and violent attack of vomiting took place on the next day, but the recovery from the tetanic condition was immediate and complete. There was free use of the jaws, tongue, and throat, and neither the mobility nor the sensibility of the arm appeared to be appreciably affected. In about two weeks the patient went out completely cured.

In addition to the foregoing cases, I have found the following ones. Mr. John Chiene* records *two* cases of stretching the sciatic which are somewhat remarkable, in that the patients, immediately after the stretching, retained complete motor power. The first operation was performed on the 19th of April; the next day the pain had entirely disappeared. The patient was discharged on May 11, 1877. In the second case, the nerve was stretched on the 23d of April; the nerve substance appeared fatty, and its course was covered by a plexus of large and tortuous veins. In attempting to raise the limb from the table, it stretched to such a degree the operator supposed he had torn it. On the following day both sensation and motion were not affected, and the patient, as in the first case, expressed himself as not having been so comfortable for months. By the 10th of May he was cured. Now, in both my cases of sciatic stretching, motion was at first much impaired and only gradually restored; the pains were often intense, but not of the neuralgic character, and lasted for several days.

In the "Lancet,"† another case of sciatica is reported, which was treated by Dr. Macfarlane, of Kilmarnock, with success, by stretching the nerve. In this case the nerve was thoroughly extended, although the leg was not raised from the table. After eight months, there had been no return of the pain.

Duplay‡ reported last December two cases of nerve stretching, in one of which the nerves thus treated were the median and the radial, the disease being paralysis; a cure rapidly followed.

The second case was a man aged twenty-six, who had been wounded at the wrist, where a small tumor appeared, which was

* Practitioner, June, 1877.

† Medical Record, December, 1878.

‡ London Medical Record, Jan. 15, 1879.

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excessively painful. The nerve was fully stretched, the tumor soon disappeared, the muscles regained their contractility, and the pain ceased.

In this country, as far as my present research has gone, but two cases of nerve stretching have been recorded. If there be others that are known to those who read this paper and are interested in the subject, the author will feel thankful to them if they will notify him where such reports may be found. If such diseases as *traumatic tetanus* and *epilepsy* have been *cured* by these operations, this department of surgery must be looked upon with great interest by every physician and surgeon of the present day.

Dr. Wm. C. Cox* reports the two cases alluded to as operated upon by Thomas G. Morton, M. D., of Philadelphia. The first case was one of neuralgia of the shoulder and arm, arising from an accidental wound, made by the sharp points of a pair of scissors entering the outer side of the right wrist. The patient was just convalescing from an attack of typhoid fever, and, although the wound had healed within two weeks, the pain in the forearm extended to the elbow and shoulder, and resisted all means used to procure relief. The accident occurred on Feb. 11, 1877, and on May 7 the operation was performed. The stretching was done by the forefinger, and the wound closed with silver sutures. The record, to which I desire to call special attention, because the symptoms are those which I have noted in three cases now reported, and which it is important to know, with reference to prognosis, thus continues: "The pain in the arm, after the effects of the ether had passed off, was intense, notwithstanding large doses of morphia, used hypodermically. A few days later an abscess formed in the upper part of the wound, which discharged through the opening near the wrist. *For several weeks a feeling of numbness* continued in the little and ring fingers and upon the outside of the hand, but *gradually* these symptoms disappeared. . . . In *a month the pain had ceased; sewing and writing still produced an acke, which was participated in by the whole arm and shoulder.*† This gradually diminished; but as

* American Journal of the Medical Sciences, Vol. LXXV. page 150.

† These italics are made use of here to note that *time* is often required to complete the cure after these operations.

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the patient was of a rheumatic temperament, it may have been aggravated by that condition."

In the second case, the most intense neuralgia afflicted the leg and foot, arising from a fall upon the buttocks from a scaffold twenty-five feet from the ground, the patient striking upon a stone pavement. After ten days of insensibility he partially recovered, with difficulty in articulation. From this he gradually recovered, but paralysis of both legs followed. After five months the patient was able to get about on crutches, but without motion or sensation in the left leg. Shortly after this, he had an attack of acute articular rheumatism, which was followed by most excruciating pain on the outside of the foot. For this, Dr. Casselberry, of Hazelton, excised a portion of the plantar nerves, which gave relief for seven years. In 1874 the pains returned, and on June 12, 1877, Dr. Morton stretched the sciatic, in the middle of the posterior surface of the thigh. The limb was lifted twice from the bed by the nerve. The patient returned home on the second day after the operation, but was not relieved. The pains continued so severe that neurectomy was performed on the external popliteal nerve, which gave relief.

From a careful reading of this case, it would appear that perhaps if the anterior tibial and peroneal nerve had been simultaneously stretched both centrifugally and centripetally, a better result might have followed.

From these cases we learn: that immediately after severe stretching there may be not only loss of power and sensitiveness, but also excruciating pain and twitchings; that after twenty-four to thirty-six hours, we may reasonably hope the severity of the sufferings will be materially diminished, and that they *generally* will disappear; that *tingling, burning* pain, and often swelling, remain for some time, and are especially noticed during motion, and that these symptoms pass *gradually away;* that when we have reason to believe that the *neuralgic* pains are returning, from the peculiar character of the sufferings, which are easily recognized by the sufferer and often described as "the old pain," that a thorough manipulation of the parts (if practicable) in all directions, putting the nerve to the utmost stretch of its physiological limits, may assist the cure, in preventing the formation of new adhesions.

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How long these patients will remain free from pain is as yet unknown to me. To-day I introduced the patient whose case was recorded first to the class at the hospital. She has gained twenty pounds of flesh, can almost bear her weight on the foot, and walks with one crutch. She is hysterical, however, and complains bitterly when her leg is manipulated. She has not taken any narcotics, and recovers much more rapidly from the effects of the severe manipulations than before.

The second patient is even better than the first; and of the third, her physician, Dr. Blumenthal, thus writes me, in answer to my interrogatories, which I have put to him at the last moment before sending off the manuscript: "Your nerve patient is doing well, very well. She was in my office yesterday, has had no pain, went to the theatre yesterday, for the first time in eleven years, and enjoyed it. Is still taking Conium at longer intervals."

On April 3 I stretched the ulnar nerve for reflex epilepsy and intense neuralgia of the entire arm, shooting from the point of injury (elbow) to shoulder and down the forearm and hand. To-day, April 16, the neuralgia has disappeared, and there has been no convulsion. Further reports I propose to give to the profession.

RUMEX IN GASTRALGIA.

BY W. K. KNOWLES, M. D., BANGOR, ME.

CASE I. — I have lately had a patient who was troubled with repeated attacks of gastralgia, which were quite difficult to subdue. They commenced with an aching pain in the pit of the stomach, which gradually increased in intensity until it was very severe. There were also sharp, stitching pains in the stomach, extending into the chest, and below a sensation of pressure, like a lump in pit of stomach, sometimes rising up under the sternum, greatly aggravated from motion, and somewhat from taking a long breath; generally worse after eating, better when lying perfectly quiet. There was no fever, thirst, nausea, nor aggravation from drinking. *Bry.* has stitching pains in the stomach and chest, also pressure as from a stone, and aggravation from motion, eating, and taking a deep inspiration. The attacks, however, yielded very reluctantly to *Bry.*, and it had to be used in often

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repeated doses. They would also keep recurring. I concluded *Bry.* was not the similimum, so I instituted a search for it.

Under *Rumex crispus* I found the following indications: "Shootings from the pit of the stomach into the chest in various directions, aching pain in pit of stomach, and aching and shooting above it in the chest; fulness and pressure in pit of stomach, extending toward the throat pit; it descends toward the stomach with every empty deglutition, but immediately returns. Pressure and distention of stomach after eating, stitching, cutting pain in pit of stomach, worse on movement." This seemed to be a pretty close picture of the trouble, and I gave *Rumex*[30], which promptly gave relief. She felt a return of the attacks two or three times afterward, but a dose or two of *Rumex* would at once banish them, and she has not had one now for a year.

CASE II. — Mrs. B. complained for a week or more of distress in the stomach, which finally became so severe that she could not sit up, and I was called in to see her. Found symptoms as follows: severe aching pain in pit of stomach and above it, occasional spells of sharp, shooting pains in chests, sides, and abdomen; some headache and nausea after eating, aggravation of all symptoms from motion and after eating. *Arsen.*, *Nux vom.*, and *Bry.* failed to relieve her. On closer examination, I ascertained that she felt a sensation as of a lump or pressure which was sometimes in throat, and sometimes behind sternum, not being constant in position. I gave *Rumex*[30], and all her symptoms disappeared after a few doses.

CASE III. — Mrs. C. had complained for several weeks of distress in pit of stomach, worse after eating anything, particularly apples. Once after eating an apple, she was taken with such distress that she became cold and unconscious, and her family thought she was dying. She also had at times sharp pains in chest and abdomen. At times she felt a sensation as of a bunch, either in throat or behind sternum, which was very distressing. She was quite emaciated, for she could find scarcely anything she could eat without causing distress. I gave her a vial of pellets medicated with *Rumex*[30], with directions to take a dose three times a day until better, and then discontinue. Soon after her return home (she lived about twenty-five miles away), she wrote that she had taken the medicine but a few times before she got relief, and did not

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have to take the whole of it; that she was now able to eat apples or anything she liked without inconvenience, and that she had not felt so well for months.

I do not report these cases as brilliant cures, but to verify certain symptoms of *Rumex*, which I believe we shall find a valuable remedy in some cases of gastralgia and gastritis.

NITRITE OF AMYL IN ORBITAL NEURALGIA.

BY A. H. ALLEN, M. D., NEW LONDON, CONN.

A GENTLEMAN about middle age, full habit and vigorous, applied to me for relief from excessive pain in and over the right eye, which comes on periodically, or when he is prostrated to a certain extent by overwork. I prescribed *Ars.* ^{3x}, to be taken during the evening and night if awake. I called the next morning and found my patient no better. He was using hot water and bags of hops as external applications.

I determined to try *Nitrite of Amyl* ^{1x}; putting ten drops upon a cloth I directed him to inhale it. In less than five minutes he said, "Doctor, I feel better." I let him have it until it evaporated; then, after waiting for a short time, I gave him the same quantity in the same manner again, which still further increased the relief. When I left half an hour afterwards, I put ten drops of the remedy in half a tumbler of cold water, and requested him to take a teaspoonful once every half-hour for two hours, if the pain returned. It did not return until about the same time the next morning, from five to seven o'clock, when he took the remedy as ordered. After the second teaspoonful the pain left him, and there was no recurrence from Friday up to the following Monday, when he left town on business. So much pleased was he with its action that he took with him enough to last until his return. The only effect other than the relief of the pain was a slight decrease in the heart's action.

The patient has had this trouble for a number of years, and never has had any relief before, although he has been treated by eminent physicians of both schools.

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, MAY, 1879.

WE *must have* in Massachusetts a LAW TO REGULATE THE PRACTICE OF MEDICINE similar to that now in force in Illinois. Not only Massachusetts, but also every other State in the Union needs it. It will be a burning shame to the intelligence and boasted civilization of this great country, if the people delay much longer the enactment of such a law. It is an imperative necessity, not only for the protection of the lives and health of the community from the reckless and dangerous experiments of ignorant impostors, but also for the protection of the medical profession. To be sure, New York and some other States have passed laws having the same object in view, but they have practically been failures, so far as we can learn; while the Illinois law, which has now been in operation for almost two years, has been a great success in the opinion of allopaths, homœopaths, eclectics, the non-professional public, — in fact, of everybody except the ignorant quacks themselves, who are the only sufferers.

In July, 1877, the State Board of Health of Illinois, appointed by the governor with the advice and consent of the Senate, met for organization under the law, and drew by lot their respective terms of service. The board contains seven members, and the term of office of one of them expires every year. The allopathic, homœopathic, and eclectic schools are represented in this board. Dr. R. Ludlam, who represents our school, and whose term of office expired by limitation not long ago, has since been reappointed, this time of course for seven years. In addition to the performance of the customary duties in relation to the preservation of the public health, which is expected of all State Boards of Health, the Illinois board is authorized to *require every person who wishes to practise medicine to obtain a license from it;* in order to do which, he must either show a diploma from a medical college in good standing, or must pass an examination before the board.

The board has made its first report to the governor, covering the year and a half ending Jan. 1, 1879. From the printed copy before us (for which we are indebted to Dr. Ludlam), we intend to cull a few facts illustrating the glorious work so well begun.

About 3,600 non-graduates were practising medicine in the State

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when the law went into effect. Of these about 1,400 have since left the State or quit practice. Three hundred graduated from medical schools in 1878, and probably another lot in 1879. The board has held eleven meetings for examinations in different parts of the State, at which were examined 371 practitioners, 150 of whom passed. The examinations were conducted in writing, and at each examination a new series of printed questions was placed before the class. Eighty per cent of correct answers was required. When the candidates had any special or peculiar views of theory and practice of medicine or of therapeutics, respect was paid to such differences of opinion, and they were allowed, upon request, to appear before individual members of the board for special examination in such branches. The branches required were Anatomy, Materia Medica, Theory and Practice, Gynæcology, Physiology, Pathology, Obstetrics, Chemistry, Surgery, and Hygiene. A complete set of papers, as a specimen, is printed in the report. To give some idea of the ground covered, we copy two of them.

EXAMINATION ON THE DISEASES OF WOMEN.

BY R. LUDLAM, M. D.

1. What critical periods are especially concerned in the clinical history of women?
2. What are the prominent symptoms of chlorosis?
3. Give the treatment for obstructive dysmenorrhœa.
4. How does abortion predispose to prolapsus uteri?
5. What is the pathology of globus hystericus?
6. Is chronic metritis more common with those who have or with those who have not been pregnant?
7. What are the causes and the consequences of sub-involution of the uterus?
8. In child-bed, what form of inflammation usually precedes puerperal peritonitis?
9. In child-bed also, what disease precedes uterine phlebitis?
10. In a case of puerperal mania, how would you know that the attack did not depend either upon cerebritis or meningitis?

EXAMINATION IN PRACTICAL MEDICINE.

BY W. M. CHAMBERS, M. D.

1. What is the characteristic sound produced by auscultation in pleuritis?
2. What is the sound produced by auscultation in the first stage of pneumonia? In the second stage? In the third stage?
3. In asthenic diseases it is not safe to let the patient remain long in one position. Give the reason.
4. What are some of the best means to arrest persistent vomiting?
5. Is obesity a disease? If it is not, may it produce disease? If yes, how?
6. Is anæmia a disease?
7. Are the diseases most prevalent in Illinois of a sthenic or asthenic character?

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8. Physiologists agree that any material containing hydrocarbon decomposable is food. With this view, can alcoholic preparations be considered food in the treatment of disease?

9. In a case of pleuritis, what would induce you to resort to thoracentesis?

10. What is an idiosyncrasy?

The board issued in all 4,950 certificates of ability to practise, of which 3,646 were to allopathic physicians, 437 to homœopathic, 456 to eclectic, 37 to physio-medical, 38 miscellaneous, and 336 not stated.

The board found that about 400 bogus diplomas were held by parties who had either bought them directly, or obtained them upon a merely nominal examination.

Some had bought, with their diplomas, grand gold medals of honor for distinguished attainments in medical knowledge! The diplomas of nine chartered medical colleges were not recognized, because the board had positive knowledge that they sold their diplomas. Four more colleges were suspected.

Nearly all the vilest professional mountebanks, and the advertising specialists, quacks, and abortionists that have hitherto travelled through the State from town to town, promising to cure all the ailments that flesh is heir to, have as a rule been armed with bogus diplomas, which have been beautifully gotten up to assist in deluding an unsophisticated public. As works of art they are more imposing and exceed in style the diplomas of those institutions at which it is an honor to graduate.

We copy the following from the report: —

"Combining the State Board of Health Act with the Medical Practice Act is something that does not obtain in any other State, and in this respect Illinois leads. Our work and its results are watched with most intense interest by the medical profession throughout the United States, especially in adjoining States, owing to the fact that so many of those who could not comply with the requirements of the law have fled to them. At present, communications are almost daily received asking for copies of the laws, and wishing to know the results of our practical experience, desiring to profit thereby; and it is only a question of time when similar laws will be enacted in our neighboring States, the public and the medical profession of these States being deeply interested in procuring such laws. More interest is excited in our work from the fact that our board is a mixed one, composed of representatives from different schools of practice. So far, no diversity of opinion has occurred among the members of the board; all schools of practice have been treated alike, provided they came within the provisions of the law. In this connection it is proper to state that many organizations have been formed by practitioners of all schools to assist in carrying out the requirements of the Practice Act."

We are informed that already some of the impostors driven out of Chicago have found a refuge in New York and other Eastern cities. After a few more Western States have passed similar laws, we shall be

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deluged. Michigan is now discussing a medical bill, and even in such a State as Texas, a bill has been introduced to compel *every physician in the State,* without regard to age or length of practice, to appear every three years before an examining board, and unless he proves to the satisfaction of the board that he is making satisfactory progress in the study of medical science, it will be considered as evidence that he is not a fit person to have charge of the public health, and his license to practise will be rescinded. We learn from a Southern medical journal that this bill is likely to pass.

We think that this is going a little too far, but there is no danger of such a custom becoming universal.

We wish that the three societies of Massachusetts might move at once in this matter. We do not think that there would now be any friction between the schools. All would unite against a common foe, in defence of the welfare of the community and for the protection of educated physicians. In support of this opinion of ours, we shall quote from two among several allopathic utterances with which we are familiar. The "Michigan Medical News," in an editorial on the subject, says: —

"There are, moreover, a few sticklers who would not be contaminated by the contact with 'irregulars' which must be necessitated by any bill which stands any chance of becoming law. It is fortunate, however, that these contracted views are limited to an insignificant number of the profession, and we apprehend but little drawback from this source."

At the last annual meeting of the Medical Society of the State of New York, held at Albany, Feb. 4, 5, and 6, 1879, the president, Dr. D. B. St. John Roosa, of New York, in the course of his annual address, said, as reported in the "Medical Record": —

"While we might not ask the State to endow medical schools, we might certainly expect that it would protect its citizens from well-defined quackery. The State could not catalogue the drugs that might be used, nor name the doses; but it could see to it that no one was allowed to prescribe for disease who had not furnished evidence of a satisfactory knowledge of anatomy, physiology, and chemistry. It should also interfere to prevent the sale of so-called patent medicines and of adulterated medicines and food. A State that would not do that, should in all consistency allow mad dogs to run in the streets, lunatics to go at large, and gunpowder to be stored in every house, and leave its railroad crossings without guards or signals. What is wanted is a board of examiners made up of the best men from the colleges and the profession, who shall determine, not the orthodoxy of a candidate as to the doses of drugs or the uses of cold water and vegetable medicines, but as to whether he had been well grounded in the structure and functions of the human body, the remedies for poisons, the rules for action in emergencies, and the principles of diagnosis, a knowledge of which would, at least, protect his patients from scandalous malpractice."

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The following is a full copy of the Act to Regulate the Practice of Medicine in the State of Illinois, approved May 29, 1877, in force July 1, 1877: —

SECTION 1. *Be it enacted by the people of the State of Illinois, represented in the General Assembly,* That every person practising medicine, in any of its departments, shall possess the qualifications required by this Act. If a graduate in medicine, he shall present his diploma to the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the State Board of Health, if such Board of Health shall be established by law, or the Board of Examiners, shall issue its certificate to that effect, signed by all of the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practise medicine in this State. If not a graduate, the person practising medicine in this State shall present himself before said Board, and submit himself to such examinations as the said Board shall require; and if the examination be satisfactory to the examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

SECT. 2. In case a State Board of Health shall not be established by law, then each State Medical Society incorporated and in active existence on the first day of July, eighteen hundred and seventy-seven, whose members are required to possess diplomas or license from some legally chartered medical institution in good standing, shall appoint, annually, a Board of Examiners consisting of seven members, who shall hold their office for one year, and until their successors shall be chosen. The examiners so appointed shall go before a county judge and make oath that they are regular graduates or licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a Board of Examiners shall be filled by the society appointing it by the selection of alternates, or otherwise.

SECT. 3. The State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall organize within three months after the passage of this Act; they shall procure a seal, and shall receive through their secretary applications for certificates and examinations; the president of each Board shall have authority to administer oaths, and the Board take testimony in all matters relating to their duties; they shall issue certificates to all who furnish satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing; they shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the Board; they shall furnish to the county clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings they shall, as far as is reasonable, accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the Board granting them, and shall indicate the medical society to which the Examining Board is attached.

SECT. 4. Said State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall examine diplomas as to their genuineness, and if the diploma shall be found genuine as represented, the Secretary of the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall receive a fee of one dollar from each graduate or licentiate, and no

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further charge shall be made to the applicants; but if it be found to be fraudulent, or not lawfully owned by the possessor, the Board shall be entitled to charge and collect $20 of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named. Such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. Graduates may present their diplomas and affidavits as provided in this Act, by letter or by proxy, and the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall issue its certificate the same as though the owner of the diploma was present.

SECT. 5. All examinations of persons not graduates or licentiates shall be made directly by the Board, and the certificates given by the Board shall authorize the possessor to practise medicine and surgery in the State of Illinois.

SECT. 6. Every person holding a certificate from the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall have it recorded in the office of the clerk of the county in which he resides, and the record shall be indorsed thereon. Any person removing to another county to practise shall procure an indorsement to that effect on the certificate from the county clerk, and shall record the certificate in like manner in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

SECT. 7. The county clerk shall keep in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the issue and the name of the medical society represented by the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

SECT. 8. Candidates for examination shall pay a fee of $5 in advance, which shall be returned to them if a certificate be refused. The fees received by the Board shall be paid into the treasury of the medical society by which the Board shall have been appointed, and the expenses and compensation of the Board shall be subject to arrangement with the society.

SECT. 9. Examinations may be made in whole, or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SECT. 10. The State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation, the applicant may appeal to the body appointing the Board.

SECT. 11. Any person shall be regarded as practising medicine within the meaning of this Act who shall profess publicly to be a physician, and to prescribe for the sick, or who shall append to his name the letters "M. D." But nothing in this Act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency. And this Act shall not apply to commissioned surgeons of the United States army and navy.

SECT. 12. Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of disease or injury, or who shall by writing or

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printing, or any other method, publicly profess to cure or treat diseases, injury, or deformity by any drug, nostrum, manipulation, or other expedient, shall pay a license of $100 a month, to be collected in the usual way.

SECT. 13. Any person practising medicine or surgery in this State, without complying with the provisions of this Act, shall be punished by a fine of not less than $50, nor more than $500, or by imprisonment in the county jail for a period of not less than thirty days, nor more than three hundred and sixty-five days, or by both such fine and imprisonment, for each and every offence; and any person filing or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery, but the penalties shall not be enforced till on and after the thirty-first day of December, 1877: *Provided*, That the provisions of this Act shall not apply to those that have been practising medicine ten years within this State.

SOCIETIES AND INSTITUTIONS.

COMMENCEMENT OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

To the majority of people, excepting those who are immediately interested in college matters, commencement exercises are rather dry ceremonials. The contrary of this, however, was noticed on Wednesday evening, March 12th last, at the Commencement exercises of the New York Homœopathic Medical College, when Chickering Hall was filled to overflowing with one of the most brilliant assemblages ever congregated within its walls. Every seat in the hall was filled, and standing room could scarcely be found; indeed, many were obliged to leave the building for lack of accommodation.

After a brief prayer by the Rev. Dr. D. C. Potter, Professor J. W. Dowling, M. D., Dean of the Faculty, gave a brief account of the increasing prosperity of the college together with a very appropriate explanation of the terms "regular" and "irregular" as applied to different schools of medicine, finishing this portion of his subject by stating the fact that colleges regularly chartered by the Legislature of the State of New York, whereat all the collateral branches of medical education were taught, stood on an equal footing, and that no such discrimination of terms could be applied to any of them. The doctor then alluded to the extended term of instruction, and the rigorous character of the examinations of the New York College, which may be instanced in the rejection thus far of one candidate out of every six applying for the honors of the institution. The address of the Dean was listened to with very marked attention, and when, after a word or

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two of parting advice, he advised the young graduates each to select for himself, with proper care and discrimination, a good wife, the approbation of the listeners was testified by great applanse.

The degrees of the college were then conferred by Hon. Salem H. Wales, the president of the Board of Trustees, who also made a short and forcible address, alluding to the present status of the college as compared with that of the institution when he first became connected with its interests. Mr. Wales also spoke of the advantages of the marital state, as affecting the young physician, and exampled the Dean as illustrating the case in point. These pleasantries assisted materially to enliven the usually rather dull proceedings of this portion of the entertainment. Another notable feature, which we hope may be adopted permanently by the institution, was the omission of a valedictory address on the part of the Faculty. There must be in such speeches always a sameness; the very nature of the subject generally forbids much originality, and valedictories have been pronounced so frequently, and dished up in such a variety of shapes, that the average man and woman of thirty years are generally aware of the subject-matter of such discourses before the speaker has settled himself to the consideration of his subject.

The prizes were delivered to the successful candidates by Prof. F. S. Bradford, M. D., secretary of the Faculty, who made some happy hits in his brief remarks, which were received with applause by the audience. The following were the gentlemen who were fortunate enough to take prizes: —

The Faculty prize for the highest standing in all departments was awarded to E. V. Moffat, B. S. That for the greatest proficiency in Obstetrics was also obtained by Dr. Moffat, who likewise was the recipient of the Millard prize, for the greatest proficiency in Pathological Anatomy.

C. S. Kinney won the prize for the best thesis on Mental Diseases.

The Butler prize for the greatest proficiency in Electro-therapeutics was given to H. C. Blauvelt, A. B.

The prize of J. C. DeKorth, of South America, for the best thesis on Fevers, was won by W. M. Decker; and that of his son, Dr. F. L. DeKorth, was obtained by E. V. Moffat.

The Wales prize, for the greatest proficiency in all the Junior studies, was awarded to James E. Lilienthal.

Honorable mention was made of the following gentlemen: J. W. Candee, T. A. Banker, S. Vehslage, F. D. Brewster, J. M. Howe, C. H. Hofmann, G. S. Morgan, and Carroll Dunham, Jr., of the Junior Class.

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The valedictory address (and a very good one too), on behalf of the graduates, was given by Dr. J. W. Candee; and a most excellent, original, and eloquent address by the Rev. Dr. Armitage concluded the ceremonies.

The following is a list of the graduating class:—

P. A. Banker.
F. L. Benedict.
H. C. Blauvelt, A. B.
F. D. Brewster.
L. S. Brown, A. B.
W. G. Brownell.
J. W. Candee.
A. B. Cole.
G. R. Davis, M. D.
W. M. Decker.
C. J. F. Ellis.
E. Everitt.
E. D. Franklin.
J. F. Goodell.
R. C. Grant.
A. M. Haight.
C. H. Hofmann, A.B., M.D.
J. M. Howe, D. D. S.
W. K. Ingersoll.
C. S. Kinney.
M. Leal.
A. H. Lloyd.
H. L. Lockwood.
R. A. Martin.
B. E Mead.
E. V. Moffat, B. S.
G. S. Morgan.
E. S. Northup.
T. L. Nunamaker, M. D.
W. M. Petfit.
E. M. Swift.
C. A. Tinker.
T. S. Turner.
S. Vehslage.
F. D. Vreeland, A. B.
S. H. Vincent.
J. T. Vansant.
W. S. White, B. S.
H. A. Whitmarsh, A. B.
L. F. Wood.

Reviews and Notices of Books.

BOOKS RECEIVED.

The Homœopathic Therapeutics of Uterine and Vaginal Discharges. By W. Eggert, M. D. Boericke & Tafel.

To quote the author's words in the introduction, "The aim of this work is to make female symptomatology more easy of access, and impart, if possible, to our practitioners more and more confidence in the power of our remedies to control female disorders. The symptoms have been carefully selected and arranged. Although we gave to our book only the title Therapeutics of Uterine and Vaginal Discharges, we have nevertheless endeavored to give the whole symptomatology of the female generative organs, as the reader will see by a comparison of these organs through the different parts of this work. But as there exists likely no female disorder without an abnormal discharge from the uterus or the vagina, or both, we considered the present arrangement more practical and convenient."

The work is divided into eight parts, under the headings Menstruation and Dysmenorrhœa, Menorrhagia, Amenorrhœa, Abortion and Miscarriage, Metrorrhagia, Fluor Albus, Lochia, General Concomitants.

To insure brevity (Dr. E. says), sole attention has been paid to the symptoms and their remedies, the remedies and their symptoms having been left out. When we count up the five hundred and forty-three

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large pages of this book, we wish that brevity had been still further insured by extensive condensation, leaving out the merely trivial symptoms, and emphasizing more the really important characteristics. If we are to have a series of monographs on the therapeutics of the different diseases (and we hope we shall — we like the idea), they will have to be shorter than this, or the physician must give up all ideas of having a large practice. Two or three patients a day conscientiously prescribed for, if all the fine points brought out here are hunted up, will abundantly tax the mental powers of the stoutest among us. But this is the fault of our Materia Medica, which Dr. Eggert has ransacked from begining to end. He has evidently done an enormous amount of work, and without doubt has done it very faithfully and conscientiously, and the product is a valuable book. The external appearance of the book is elegant, the publishers having surpassed themselves.

A Clinical Treatise on Diseases of the Liver. By Dr. F. T. Frerichs, Berlin. Translated by Charles Murchison, M. D. Vols. I. and II. New York: Wm. Wood & Co.

Vol. I. is the third volume of Wood's Library of Standard Medical Authors. It is illustrated with one full-page colored plate and thirty wood-cuts. After the historical introduction, the chapters treat severally of the relative size and weight of the liver in health and disease, the diagnostic value of the relative sizes and forms of liver in disease, jaundice, suppression of the functions of the liver, chronic atrophy, and the fatty liver. In the long chapter on jaundice, the author endeavors to explain certain obscure forms where there is no mechanical obstruction to the flow of bile, such, for instance, as the jaundice which has been observed in pyæmia, typhus, and after snake bites, on the supposition of an arrested consumption of the biliary acids, which have been reabsorbed into the blood, either from the intestine or directly from the liver. Vol. II. treats very thoroughly of the pigment liver, hyperæmia of the liver and its consequences, inflammation of the liver, the waxy, lardaceous or amyloid degeneration, and hypertrophy of the liver. It has one full-page colored plate and eight wood-cuts. The author is a thorough pathologist, and his work, though not new, is a standard one, and presents many points of interest.

The Doctor Woman. By Aiken Heart, M. D. Published at the American Observer office, Detroit, Mich.

This little book is handsomely printed on thick paper, with neat illustrative etchings on every page by C. H. Goodman. We would

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advise any one who wants a real hearty laugh to send on twenty-five cents for it. As a specimen we quote a little. The narrator, being taken sick at an inn, said to a stupid Dutch domestic, "Go for a doctor, woman!" He, not thinking of female physicians, was much surprised to see one come in. Her personal appearance is described in flattering terms. Then,

"She took a chair and sat beside my bed,
And placed her tiny hand upon my brow,
And as she softly soothed my aching head,
She sweetly whispered, 'Are you better now?'

"'I — I — I — really think I *do* feel better,' —
She was so graceful, modest, fair, and young,
And asked so very sweetly if I 'd let her
Look for a moment at my horrid tongue.

"'How is your heart?' she asked, 'that fount of life,
Does palpitation ever break your rest?'
And then (this part I never told my wife)
She laid her head — *to listen* — on my breast.

"Forthwith the fever left me, and a thrill
Of life and health went bounding through my veins,
I never took — I kept the little pill
She left as sure specific for my pains.

"My charmer left me, but 't must be confessed,
I anxious wondered, 'Will she come again?'
But thought 't was *safer*, as I lived out West,
To start that evening by an early train."

We do not know, but we *suspect* that this was not the only time that our hero has had his *nerves stretched*.

DIFFERENTIAL DIAGNOSIS. By F. de Haviland Hall, M. D., London. American edition with extensive additions. Philadelphia: D. G. Brinton, 1879.

The additions are indeed extensive. The original work of Dr. Hall occupies not more than sixty-two of the two hundred and one pages of this volume. We see no reason for the American editor's remaining incognito after having performed such good work. He has enlarged the scope of the original by making it a manual of the comparative semeiology of all the more important diseases. "Preference has been given to American over European authorities, as every year adds confirmation to the opinion, now widely received, that diseased conditions assume very different aspects under different climatic and sociological surroundings." The arrangement of material is very compact and convenient, and altogether it makes quite a desirable book.

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THE

NEW ENGLAND MEDICAL GAZETTE.

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CONSTIPATION.

BY C. WESSELHOEFT, M. D., BOSTON.

IT is customary to discuss in our journals the graver forms of disease, because they attract the ever-vigilant attention of physicians who are liable to be called upon to attend serious and dangerous cases. On the other hand, the more tedious forms of disease, the attendance and care of which form the greater part of our practice, are less often made the subject of observations. Constipation, ordinarily so called, is one of these rather neglected subjects. There was a time when all the energies of practice were concentrated upon the intestinal canal. Diseases were to be purged away; inflammation was to be combated only by removing offending "juices." That depletion of the period has happily passed away, and the change from a severe to a milder form of treatment is owing to the influences of homœopathy, as even its opponents now concede.

Although older generations of doctors have given place to younger ones, and a harsher practice to a milder one, patients are the same as they always were, often demanding active measures where even heroically inclined physicians have just scruples.

Constipation, though less of a bugbear among people than catarrh is at present, is still a troublesome ghost that haunts the minds of invalids. Many who present themselves for treatment begin their narrative by asserting that sluggish bowels are the cause of all their discomfort. "Just give us something," they say, "that will insure a free, easy, and copious discharge every day, and all will be well." Inquiry generally shows that such persons have tried many remedies of their own, or, more commonly, have followed the advice of the ever-ready "friend," whom

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every patient has, and who unhesitatingly risks his reputation as a prescriber of medicines, when he would be much more cautious and reticent in his actual calling.

It is a prevalent notion that constipation is the cause of many morbid conditions, and if we take a too hasty glance at our patients, we might easily fall into that error. More careful examination of such cases very often reveals numerous symptoms which point to the opposite, namely, that instead of being the cause, it is the consequence of a more deeply seated pathological state than a mere affection of the mucous membrane of the bowels. The symptom of costiveness and constipation is generally the first to be mentioned by the patient; but on looking further into the case we will generally find many other symptoms which are not to be overlooked. Prominent among them is often a state of mental anxiety concerning health, which is not only stated in words, but plainly evinced by the serious expression of the face, the intense watchfulness of the eye, the subdued and even mournful tone of the voice in which the history of suffering is related. It then appears that such invalids also suffer from pains, which give rise to alarm, sometimes impressively emphasized, sometimes cautiously admitted, in proportion to the timidity or moral fortitude of the patient. Physical examination in such cases reveals no organic disorder; the pains are capricious, changeable as to locality and time, often taking the form of intercostal or facial neuralgia; at all events, adding seriously to the patient's solicitude. Appetite and sleep may be disturbed, but not necessarily so, and, as a usual thing, such patients are actively and intensely occupied by their calling.

Such invalids worry much about their food; they either fast unnecessarily, or indulge in a variety of articles supposed to be "loosening," and sedulously avoid everything which, in common phrase, is called "binding," thus falling from error into error, which often plunges them into a state of great mental and physical misery from which it is difficult to extricate them.

The watchfulness with which homœopathists are accustomed to regard their cases has long ago led them to insist on the importance of mental symptoms. In the instance just described, these very phenomena point to a disturbance of the nervous system, especially of that portion known as the sympathetic, which

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governs the functions of animal life, respiration, circulation, and prominently that of digestion; and here, again, the peristaltic motion of the intestines, which, in such cases of constipation, seems to proceed slowly and feebly. In the absence of such function the secretions of the intestinal tract are diminished, as shown by the hard, dry, and infrequent fecal discharges. The pains alluded to are the result of reflex nerve-action, resulting from arrested intestinal function; the mind becoming gradually conscious of the disturbance in the nerve centres, takes alarm, and gives expression to its fears, attributing the anomalous condition to the absence or irregularity of the function of defecation.

In this case, constipation (or its lighter form, costiveness) is the result of some disturbance of the nerve centres. The causes which lie back of this are sometimes known, at other times very obscure. They are often hereditary, or "constitutional," derived from parents of whom one or both were subject to diseases of the nervous system. In other cases, the disposition to constipation from nervous causes has been acquired by certain habits; onanism is a prolific source. Great mental care, and a certain one-sided and over-solicitous application to business, in individuals without other mental resources, and parsimonious disinclination to mental recreation, are not infrequently a basis for the development of very chronic costiveness and constipation. If this be a correct observation, the inference is well founded, that this symptom requires a kind of mental or nervous predisposition.

When not the result of hereditary or constitutional predisposition or temperament, the irregular or intermittent action of the bowels has been acquired. Such cases are much more tractable than the former variety, though they also may have become chronic, and consequently obstinate. Sedentary habits are justly considered as a frequent cause. A normal digestion requires muscular exertion, that is, muscular contractions, which propel the blood to and from the heart. Absence of such exercise of the abdominal muscles renders them feeble, and deprives the abdominal viscera of that wholesome pressure which they must have to insure a free and active circulation in the vascular system of the abdominal cavity. In this connection, I may point to the enormous pressure the intestines of a healthy, muscular laborer are made to endure, for instance, in plying the crow-bar,

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or lifting a hod of bricks. In such subjects constipation will not occur; but it does very often in the continued absence of exercise of the abdominal muscles.

Catarrhal and other disturbances of the intestinal mucous membrane are, no doubt, frequent sources of costive habit. Niemeyer does not hesitate to classify costiveness among catarrhal affections of the bowels. There is much reason for it, as it may be likened to the dry, stuffed condition of the nose in certain forms of coryza. There is no doubt that such a condition is often acquired by persons not particularly predisposed by constitution and temperament, but rather through unavoidable necessity, occupation, etc. Those of sedentary habits are naturally costive, especially if the ill effects of too much bodily repose are not counteracted by methodical exercise. Persons who are obliged to earn their living without sufficient physical exertion, as tailors, type-setters, bookkeepers, seamstresses, etc., naturally become enfeebled, and acquire a proportionate aversion to muscular exertion. This is only one instance of many out of which grow other disadvantages to health.

Many slight indispositions, accompanied by costiveness, are quickly aggravated. A person enjoying tolerable health in spite of insufficient air, exercise, and food, thinks little of a certain degree of bodily discomfort, such as headache and sluggishness; but as soon as a day or two are passed without defecation, a kind of terror alarms the mind, mingled with much of a superstitious nature about stoppage, cancer, and fecal matter poisoning the brain. Something must be done at once; a laxative or even a copious purge is recommended and used. The result is a moral relief to the mind; the conscience is unburdened, together with the bowels, but the actual bodily relief is not exactly in accordance with the patient's fond hopes. The brief period of lightness of body and mind is soon replaced by a sense of physical and mental debility, more discomfort and more inclination to resort to purges, enemas, etc., until this form of self-treatment is formed into a habit lasting for years, while the patient becomes a perfect slave to the idea of "keeping his bowels open." This will henceforth be the chief duty of his existence, and a fixed idea, — a hallucination.

Among the favorite remedies resorted to, the enema is often

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that which holds out longest, as medicinal purges are soon left off as too distressing. Hence, we find persons who have not had a fecal discharge for years without an enema, and, indeed, they would have to wait long for such an act without an injection, because the bowel becomes habituated and dependent on it, and refuses to act without it.

Many chronic cases of this kind present themselves, having become obstinate and almost incurable under the notion of the necessity of keeping the bowels open, regardless of other dietetic and hygienic means. Had a little patience and common-sense guided such persons on the first day on which the bowels did not happen to move satisfactorily, years of mental anguish might have been saved them. I say mental anguish, because such a patient has no bodily aches or pains of great importance, measuring the happiness or misery of a day entirely by the freedom or torpidity of his rectum. In a certain sense ludicrous, they are objects of pity in the main.

(*To be continued.*)

SCRAPS FROM VARIOUS SOURCES.

BY LUTHER CLARK, M. D., BOSTON.

THE annual volume of reports from the several departments of Saint Bartholomew's Hospital in London, for 1878, estimates the number of prescriptions to in- and out-patients during the year at 190,000. Dr. Moore, who reports concerning the casual patients, describes the method of going through with the crowd which gathers at the hospital each forenoon. He finds that for his share of the work, his average time for each patient is one minute and seventeen seconds. For such hasty prescribing he draws some comfort from the fact that a large part of them come for trivial ails, and he thinks that a ticket for the inexpensive bottle of infusion of quassia with tincture of iron, which is given to great numbers of them, meets their needs pretty well, in view of the debilitating influences about them.

Sir James Paget, in 1874, called attention to the considerable number of cases that had come within his knowledge, in which eczema, or other chronic eruptions on the nipple or areola, had

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been followed by schirrus in the breast. Some other English surgeons have not in their experience discovered such connection between the two diseases. The question involved is worthy of the attention of physicians.

In cases of impending death from exhaustion, as in hemorrhages, too rapid drawing off of the fluid in dropsy, empyema, etc., Dr. Wharry suggests keeping up the vitality for a time by turning into the system the blood of one or more of the limbs, by applying an Esmarck's bandage.

A Dr. Keetly, in an article upon "Compression *versus* Inflammation," advocates the theory of supporting weakened and distended veins and capillaries, and urges the more extensive use of pressure, by bandaging and otherwise, to repress inflammation and pain. He cites, in confirmation, the common instinctive act of pressing with the hand upon a painful ear, tooth, or other part. Some recently published cases, in which the pain of pleurisy was mitigated by bandaging the chest, may give some support to Dr. Keetly's views. As there are many local affections in which moderate pressure might be easily and safely applied, perhaps it would be well to resort to it oftener than is done.

Several English physicians have published in the "London Lancet" very favorable experience with injections of very warm water (110° to 120° Fahrenheit) into the uterus, when it has lost its power to contract, from a severe labor or other cause. Some American physicians have reported favorably of it. Contrary to what would be at first supposed, such injections have been also found to act very promptly in causing the uterus to contract, and arresting hemorrhage; also to be very comforting and reviving to the patient.

In the volume of reports from Guy's Hospital, for 1876, are given statistics of the connected Lying-in Charity for the twelve previous years. The whole number of cases attended — many of them in the worst districts of London — was 23,591. Number of deaths, 106, or 1 in 223. Number of cases in which the forceps was used, 121, 1 in 197. This may give a useful suggestion to some hasty American practitioners. Cases of craniotomy, 18, 1 in 1,310; cases of *placenta prævia*, 41, in which there were 24 versions; 6 deaths of the mother; 31 children stillborn. Cases of adherent placenta, 75, 1 in 315. Cases of eclampsia, 28, 1 in 842.

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The same volume contains a report of observations made at the Bethlehem Hospital for the Insane, especially with reference to the curability of different classes of patients. Dr. Savage says:

"Cases get well in much larger proportion if they have been sent to an asylum early. This is a most vital point, and one that we are never tired of bringing before the public and the general practitioner.

"Cases of insanity due to acute diseases are generally favorable, as are also those due to childbirth, if the attacks are not too often repeated. . . . Few of the puerperal cases I have seen have got over more than three or four attacks.

"Nearly every case sent to us from the tropics is supposed to have had *coup de soleil.* If the case be one of genuine insolation, it is almost hopeless.

"The prognosis in cases following injuries of the head is unfavorable.

"Nearly all cases of epileptic insanity are unfavorable, and all cases of progressive general paralysis end fatally, sooner or later."

"Patients whose memories fail very much are hopeless, as a rule.

"Steady loss of flesh in patients with acute mental disease is of the worst import.

"Exaltation is a dangerous symptom, especially in men. Most of the patients who say they never felt so well in their lives, or are possessed of millions, end in general paralysis."

NOTES.

A Children's Homœopathic Hospital has just been started at Vienna, under the medical direction of Dr. Huber, assisted by Dr. Klauber.

Dr. E. M. Hale's *Sterility* has been translated into Spanish by Dr. Juan Maria, of Valencia, Spain, who, about a year ago, translated Dr. Hale's *Diseases of the Heart.*

No. 1, of Vol. VII., for April (printed March), of the *Homœopathic Times*, comes to us from New York in a new dress. By a change of type much room for additional matter has been gained. This journal is one of our most valued exchanges, and is always interesting; but we do wish that it might be a little neater in external appearance. "Dress doesn't make the man, but a man *does* look considerably better when well dressed." The *Times* need not have the elegance of G. P. Putnam's *Neurolcgical Contributions* or the *Archives of Medicine*, but might at least be printed on decent paper with good sized type, in less unwieldy form; like the *Hahnemannian Monthly*, for example. It aims to be a medical newspaper, and therefore (although issued but once a month) imitates in appearance the daily newspapers. Why it does so, we cannot tell.

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, JUNE, 1879.

PROBABLY our readers will be pleased to learn (at any rate we are) that the circulation of the GAZETTE has considerably more than doubled within the last few months, and that the gratifying increase still goes on. We are well aware of its imperfections, and acknowledge that it does not come up to our high ideal of what a homœopathic journal ought to be. (We wish more of them did.) At the same time, kind friends have given us many words of encouragement, and have stretched out to us helping hands. We thank them for what they have done; and with their help and the help of others, some of whom have promised to aid us, and others of whom we trust will be sure to aid us without special promises, we shall try hard to make the GAZETTE a first-class journal in every sense of the word.

Owing to our limited space, we particularly desire *short articles.* By short, we mean such as do not exceed two, three, or four pages in print. Occasionally, of course, we shall not object to a longer one, not intending the yardstick to be the only criterion of merit. Some subjects cannot be properly considered within narrow limits; but, other things being equal, we shall give the preference to short articles. Conciseness in writing is one of the cardinal virtues. Some men can say more in one page than others in ten, and readers are very apt to shun anything that has the suspicion of garrulity or vain repetition clinging to it. We shall not reject anything that we can make space for, no matter from what source it comes, except on the ground of lack of merit or interest. Of course we do not hold ourselves responsible for everything we admit to our pages. If any member of the profession takes exception to and desires to criticise any point either within or outside of our editorial columns, we shall extend every facility, provided it is done in a polite way, even if it is very earnest. Personal abuse and scurrility we detest. We do not intend to lower ourselves by indulging in it, and of course shall not tolerate it in others.

WE expect by the time this number reaches our readers, that Dr. Alfred C. Pope, of London, the president of the British Homœopathic Congress, and the able editor of the "Monthly Homœopathic Review," will be with us on a short visit. We understand that he needs a little

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recreation on account of ill health. We hope that the profession here will extend him a hearty welcome and make his short stay with us very agreeable. He has been chosen by the London Society delegate to the American Institute meeting at Lake George.

Dr. R. R. Gregg, of Buffalo, has now collected into book form* a series of papers which he first published in the "Homœopathic Quarterly," and which were designed to represent to the sight the pathogenetic symptoms of many of our remedies. The direction and character of pains in the chest, sides, and back are shown by means of charts, on which are drawn the outlines of the human body from the neck to the hips. Acute pains, darting and stitching, which pass from point to point, are represented by arrows, which are placed upon the track of the pain, the tail upon the point where the pain arises, and the head where it terminates. Where the pains go in both directions, there is a head on each end of the arrow. A little hook on an arrow signifies a drawing stitch; a heart on an arrow, a throbbing or pulsating stitch; a little bar on an arrow, a tearing stitch (representing that if the arrow should move forward, the bar would tear the tissues through which it passed); pinchers on an arrow, a pinching pain or stitch; a half-globe, a pressure in connection with the pain; a little spade, a digging pain; a corkscrew, a boring pain; and so on. The charts give first the front view, then the back view, then the right side, then the left. A large number of drugs (118) are represented. The mechanical execution of the plates is really very fine.

Dr. Gregg himself evidently thinks, and all through the book strongly intimates, that this invention of his is one of the greatest benefactions to the human race. For instance, in the Preface he modestly says, "Scientific men have always hitherto denied to medicine the position of a positive or exact science; and with reason, because of its many uncertainties. But in view of all the facts herein pointed out, together with the order and system which we have endeavored to show can be given them, may we not hope to change their decision?" We wish it might be so, but we are very much afraid not. Some might think still that even this great discovery might fail to raise medicine to "the position of an exact science."

Leaving out of consideration all the other uncertainties in medicine, and confining ourselves to the direction and character of pains (which alone Dr. Gregg's plan covers), we admit that if it were an established fact that all medicines, or even any considerable number of them, were capable, when thoroughly proved on the human system, of invariably

* Gregg's Illustrated Repertory. Chicago: Duncan Bros. 1879.

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producing pains of the same character, and pains which always moved in precisely the same direction in each instance, then Dr Gregg's plan of presenting them to the eye by means of such charts as he has invented, would certainly be a very ingenious one, and would very much facilitate the acquisition of accurate knowledge of them. Even then, by far the greater part of the Materia Medica would be left out, and would have to be studied in the old way, because of the utter impossibility of representing it to the eye by means of charts. But truth compels us to confess our scepticism as to the uniformity in the production by any drug of the same pains in precisely the same way. Perhaps *Bryonia e. g.* may almost always produce a pricking pain below the right nipple, but could we expect, as Dr. Gregg represents it, that it would always be "from within outwards," and never "from without inwards"? If the latter, would it destroy the indications for *Bryonia?* Can the prover or the patient always tell which it is? Does it make any difference whether he can tell or not? We incline to the belief that it is a useless refinement to attempt to designate the exact direction and extent of every pain felt in disease or resulting from the proving of a drug. To say that a pain starts from the right nipple, and travels three inches northeast, or northeast-by-north, or northeast-by-east, is, to draw it pretty mild, very like descending into trivialities, even if some do call it "raising medicine to the position of an exact science." It is on a par with such symptoms as are ascribed to *Cannabis Sativa, e. g.* (page 60): "Violent aching and fine, painful stinging for fifty days in the vertebræ at the base of the chest." Just note the beautiful precision here! Mark the exactness of the science of medicine! Mary Jane Smith had all the long catalogue of symptoms under *Cannabis Sativa*, including the "violent aching, and fine, painful stinging in the vertebræ at the base of the chest," but unluckily the latter had lasted only forty days instead of fifty, and as this was a keynote, a characteristic symptom, of course *Cannabis Sativa* could do her no good, as she happened to die before her fifty days were up. Such trash as has been smuggled into our Materia Medica under the thin guise of exactness! No wonder that intelligent allopaths are disgusted, and fail to see the wheat, and lack the perseverance to sift it out, being blinded by the immense clouds of chaff which float in the air. No wonder that some of our men are lacking in pathology and diagnosis, when they consume so much valuable time over such rubbish. Thanks to the recuperative powers of nature, their patients often get well, even when they do not know what ails them.

But we have already gone beyond our limits. Much of what we have said, though suggested by Dr. Gregg's book, is not aimed directly

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at it. We frankly own that we have endeavored to whip others over his back. The direct representation to the eye of the character of pains is of course helpful. If their exact localities and directions are accepted, of course his plan for showing them is a very valuable time-saver. We must, however, condemn his action in patenting his "method of illustrating symptoms and remedies for them, not only for Repertories and Materia Medicas, but for the various other uses to which it may be put in the advancement of medical science." Such action is generally considered a breach of medical ethics.

Reviews and Notices of Books.

BOOKS RECEIVED.

Attfield's Chemistry. Philadelphia: Henry C. Lea, 1879. Boston: A. Williams & Co. Cloth, $2.50. Leather, $3.00.

The eighth edition of this work, which has been so popular as a text-book in England, the home of the author, and which has also been widely circulated in this country, presents the latest phases of chemical science in a very attractive way. It is written expressly for the purpose of teaching the general truths of chemistry to medical and pharmaceutical students, and its design has been admirably carried out.

"From other chemical text-books it differs in three particulars: first, in the exclusion of matter relating to compounds which at present are only of interest to the scientific chemist; secondly, in containing more or less of the chemistry of every substance recognized officially, or in general practice, as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally."

Ellis's Demonstrations of Anatomy. Eighth edition. Philadelphia: Henry C. Lea, 1879. pp. 716.

As its name signifies, this book is designed to teach anatomy by practical dissections. It has for some time been recognized as *the leading authority* in England. In one respect at least, it is very much superior to Hodges's. It is plentifully illustrated, and the 249 wood-cuts are very clearly and beautifully executed. Every student knows how to appreciate illustrations, and if they are left out of his dissector, he will carry his Gray or some other anatomical atlas into the dissecting-room.

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We have only one unfavorable criticism to make on this otherwise splendid work, and on that point perhaps opinions might differ; but we really wish that Ellis had taken a hint from Gray and had marked the names of the muscles, arteries, ligaments, viscera, etc., plainly *on* the muscles, arteries, ligaments, viscera, etc., instead of indexing them in a table by themselves by means of *a*, *b*, *c*, *d*, etc. Oh! how many weary hours we passed in our student days (before Gray's Anatomy came into our hands), poring over the plates of the otherwise valuable Wilson, spoiling our eyes and likewise our naturally sweet disposition, by constantly looking back and forth to find out what *a*, *b*, and *c* meant. A feeling of fatigue comes over us even now as we think of it. It might be impracticable to do this universally, without enlarging the plates too much, but Gray has shown that an immense number of names can be put into a plate without marring its beauty, and to the great comfort of the student.

PROPOSED LEGISLATION ON THE ADULTERATION OF FOOD AND MEDICINE. By Edward R. Squibb, Brooklyn. New York: G. P. Putnam's Sons. Boston: A. Williams & Co.

To aid in the making of a proper law for this worthy purpose, Dr. Squibb, after mature deliberation and after observation of the advantages and defects of similar laws in England, suggests a certain scheme, on which he candidly invites criticism, with the object of securing as perfect legislation as possible. Success to his efforts!

RHYMES OF SCIENCE. New York: Industrial Publication Co. 1879.

This is a pleasant little collection of scientific rhymes — we are glad that the compiler did not call it poetry — mostly humorous, some by well-known authors, like Oliver Wendell Holmes and Bret Harte, and some anonymous. We find here, "De Sauty, an Electro-chemical Eclogue," "To the Pliocene Skull," "The Philosophic Chicken," "A Tail of Long Ago," etc.

THE NURSE; OR, HINTS ON THE CARE OF THE SICK. By Charles T. Harris, A. M., M. D., Chicago: Duncan Bros., publishers, 1879. 60 cents.

We can heartily recommend this little book of about one hundred pages to those who desire to be good professional nurses, and also to mothers, the *ex-officio* natural nurses. It contains sound, common-sense advice on the sick-room, ventilation, expectant mothers, care of the new-born infant, diseases and accidents of childhood, dietary rules, food for the sick, etc.

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NEUROLOGICAL CONTRIBUTIONS. By Prof. William A. Hammond, M. D., assisted by William J. Morton, M. D. Vol. I. No. 1. New York: G. P. Putnam's Sons. (For sale by Nichols & Hall, Boston.)

This is a quarterly journal on subjects connected with the mind and nervous system, although each number is complete in itself, and is sold separately for $1. Those who luxuriate in elegant paper and print will have no cause for fault-finding. All of the articles are by Drs. Hammond and Morton. The first, by Dr. Hammond, is on the "Non-Asylum Treatment of the Insane," and is very interesting; the second, on "Arrest of Development," has three heliotype illustrations of stunted boys, one of whom, though eighteen years old, is only thirty-three and one fourth inches high. Reports of clinical cases make up the most of the rest of this number, which must be interesting to all, particularly specialists.

THE MEDICAL COUNSELOR. Edited by J. P. Mills. Chicago: Wm. A. Chatterton & Co., publishers.

We welcome this new medical journal, the first number of which, for April, is before us, in general appearance very much like the old "American Homœopathist" (not Homœopath), of which Dr. Mills was formerly editor. It promises to be an interesting journal. The paper and type are very nice. We must, however, be allowed to say that we dislike exceedingly the two-columned pages used in both the above-mentioned journals. No room is gained, and the whole appearance of the page is marred, without, in our opinion, adding to the ease in reading, as some claim. We wish the new enterprise success.

NATIONAL BOARD OF HEALTH REPORTS AND PAPERS. No. I. April 7, 1879. Washington, D. C.

This pamphlet contains the constituting act and contagious diseases act, the by-laws, rules, and committees of the Board, extracts from minutes, and list of members of the Board, with their addresses. We are naturally glad to see Dr. Verdi's name on this list. We hope for great things in the future from this Board.

REPORT OF THE HOMŒOPATHIC RELIEF ASSOCIATION, with valuable Papers on Yellow Fever. pp. 89. New Orleans: C. G. Fisher.

The association received in money (besides contributions of clothing etc.) $12,278.16; of which $2,000 came from Boston; $1,250 from Brooklyn; $1,200 from Providence; $1,502.50 from New York; $500 each from Worcester, Pittsburg, Newark, Cincinnati, and Paris; and the rest in smaller sums from various sources.

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On the other hand, $2,388 went for physicians' bills; $2,322 for nurses; $1,086 for blankets, clothing, etc.; $1,103 for carriage hire; $1,066 in cash for charities; $841 for butchers' bills; $809 for bakers' bills.

The total number of yellow-fever cases treated homœopathically under the auspices of this association was 5,640; of this number 3,184 were within the city limits, and 2,456 were in towns, villages, and hamlets in adjacent fever districts, mainly in Mississippi, on or near the line of the Chicago, St. Louis, and New Orleans railroad.

Of these 3,184 cases treated in the city, 164 died, a mortality of 5.2 per centum. Of the 2,456 treated in outlaying points, 174 died, a mortality of 6 per centum. Of the entire number treated 2.953 were under fifteen years of age, and the loss was 124, a mortality of 4.2 per centum. Examining more into details, it is found that 231 cases of black vomit were treated by the physicians and laymen of the association, of which cases 173 recovered.

TRANSACTIONS OF THE DETROIT MEDICAL AND LIBRARY ASSOCIATION. April, 1879.

REFUTATION OF ERRORS IN REV. JOSEPH COOK'S LECTURE ON SWEDENBORG. By Otis Clapp. Boston: H. H. Carter, 1879.

HOYNE'S DIRECTORY OF HOMŒOPATHIC PHYSICIANS IN ILLINOIS, INDIANA, MISSOURI, AND KANSAS, 1879.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS OF HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO. By Prof. T. S. Hoyne, with the President's Address, Report of the Dean, and Catalogue of Students and Graduates.

COMMENCEMENT ADDRESS AT THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI. By J. Martine Kershaw, M. D.

THE YEAR'S PROGRESS. Address before the American Institute of Homœopathy by the President, J. C. Burgher, M. D., June 18, 1879.

THE SOFT PALATE. Its value in diagnosis as compared with the tongue, in derangements of the liver, malarial diseases and exanthematous fevers. By Wm. Abram Love, M. D., Professor in Atlanta Medical College, Georgia.

OYSTER-SHUCKER'S CORNEITIS. By W. J. McDonnell, M D., of the University of Maryland, Baltimore.

THE THERAPEUTIC VALUE OF ERGOT. By J. W. Compton, M. D., Professor in the Medical College of Evansville, Indiana.

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FIRST ANNUAL REPORT OF THE AMERICAN HOMŒOPATHIC PUBLISHING SOCIETY. C. Mohr, M. D., Secretary, 555 N. 16th Street, Philadelphia. J. M. Stoddart & Co., Publishers, 727 Chestnut Street, Philadelphia. With its first publication, Vol. I. of Hering's GUIDING SYMPTOMS, which we shall notice soon.

MEDICAL OBSERVATIONS ABROAD. By C. H. Vilas, A. M., M. D. Chicago: Duncan Bros.

SOCIETIES AND INSTITUTIONS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY M. P. WHEELER, M. D., SECRETARY.

March 20, 1878. — Dr. W. Wesselhoeft reported a case of vertex presentation in occipito-posterior position. The patient, a young, healthy primipara with ample pelvis, and without history of uterine disease or menstrual irregularity, had reason to expect confinement during the first week in January. Labor did not set in until Jan. 28th, when feeble and irregular pains began, attended by dribbling away of the liquor amnii, and kept up at varying intervals during five days without advancing matters beyond the obliteration of the cervix and a slight dilatation of the os. On the morning of the sixth day, the patient being much exhausted and the os sufficiently dilatable, the long forceps were applied, though not without difficulty. Vigorous traction produced severe pain over the symphysis, and firm contraction of the uterus about the child, but no headway. After repeated fruitless attempts, Dr. Talbot was sent for, and no alternative presenting, it was determined to use the forceps as a compressor, other means, such as expression, attempts at rousing the uterus into action, etc., having failed, and turning being out of the question. A pair of French forceps with strong blades and slight pelvic curve were substituted for the Simpson's forceps used before, and strong traction with these soon caused the head to advance. The uterus afforded but little aid, and the refusal of the head to rotate or adapt itself to the dimensions of the canal made the case one of unusual difficulty and danger. The head descended through the cavity of the pelvis, and even through the outlet, without rotations, either of flexion, which would have thrown the occiput in advance, or lateral, which would have thrown its long diameter into the antero-posterior diameter of the pelvis. After more than six hours' work, with proper intervals to allow of moulding and

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adaptation, the child was delivered, still-born, with a caput succedaneum that showed by its size the pressure to which the head had been subjected, and by its position over the vertex, and nearer the forehead, what the nature of the presentation had been. The child was unusually developed, weighing nearly twelve pounds, and the head, which was uncommonly firm and advanced in ossification, measured seventeen inches in circumference.

The uterine atony which had caused the delay in the labor continued after the birth of the child, necessitating constant compression and kneading of the womb to cause contraction. A momentary relaxation of vigilance was followed immediately by hemorrhage almost to collapse; but luckily the uterus responded to vigorous manipulations, and the after-birth was brought by expression during a contraction. Rupture of the perineum was, of course, inevitable with so large a head in such a position, but the tear did not extend through the sphincter ani. Four stitches brought the edges of the wound fairly together.

The patient made a slow recovery. The protracted and severe labor, the loss of blood, and the traumatic metritis which immediately set in, taxed her strength and endurance to the utmost. The temperature rose to 105° repeatedly, but mainly by the aid of arnica, which produced a striking effect, the case was conducted to a favorable issue.

Dr. Talbot reported a similar case where the position was the same, but the child smaller and pelvis larger. The forceps was applied, but the child was dead when born. A year later the same woman was delivered, by the aid of the forceps, of a child in the same position, with safety to the child. A third time the position was found to be the same, but the child was born without interference.

Dr. Krebs reported a case which was almost identical with that of Dr. Wesselhoeft, the membranes rupturing early and labor not progressing for several days. The presentation and position were the same as in Dr. Wesselhoeft's case. The woman had had an enormous appetite. The forceps was applied, but with no good result.

Called in assistance and etherized the patient, and again applied the forceps, but as this did not advance the head, decided to turn. The child was turned, and delivered, but only after constant attention for twenty or thirty minutes was it resuscitated.

Gave the woman *Arnica* [6] and she made a good recovery. Used flaxseed tea with carbolic acid as an injection for offensive lochial discharge.

Dr. Krebs thinks it best to turn in these cases.

Dr. Blake reported a case of *albuminuria* in an otherwise healthy

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woman. She was married, twenty-seven years of age, of light complexion, had had scarlet fever when twelve years old, diphtheria twice, and urticaria occasionally. Two years ago she noticed that her urine had a strong odor. The urine was examined, and found to be about one half albumen. For several months there has been albumen, but no casts. She has had puffiness of the legs, which passed away during rest. Has no pain in the back, but occasional rheumatic pains in various parts of the body. Otherwise she is apparently healthy. Have given her *Apis*, *Ars.*, *Terebinth*, and *Phos.*, with milk diet, cracked wheat, bread and fruit.

Dr. W. Wesselhoeft remarked that, according to a recent German medical journal, among the Prussian soldiers it was found that about sixteen per cent had albumen in their urine, after fatiguing marches, when in perfect health; also that in nearly all acute inflammatory diseases, albumen is found in the urine.

Dr. Talbot had a patient, otherwise healthy, with albuminuria. At night, albumen was found abundantly, but it was deficient by day. If he kept quiet during the day, the urine was the same at night as in the morning. Improved and finally got well under *Nitric Acid*.

Dr. Sanders reported the successful treatment of a man with albumen and casts in the urine. He passed at times a gallon of urine in a day. Gave him *Sulphur*, *Aconite*, *Terebinthina* with *Glycerine*, and *Lactic Acid* with *Glycerine*. After about two months of this treatment he had a gonorrhœal discharge which lasted for two weeks, since which he has been in perfect health.

Dr. Thayer has used *Nitric Acid* for albuminuria with good results. He cured albuminuria in three children with *Ferrum met*.

Dr. de Gersdorff reported the cure by *cantharis* of a patient with much albumen in the urine, together with a dread of water and difficult deglutition, amounting almost to hydrophobia. He was induced to try this remedy by the recollection of another somewhat similar case where *Cantharis* had been successful. A young woman, whose marriage was delayed, became very nervous, dreaded all water, and had spasms and pleuritic pains. Had a Cantharis blister applied to the chest, and suffered the usual consequences of Cantharis poisoning; but nevertheless she was cured by this severe dose of *Cantharis*.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY NATHAN R. MORSE, M. D., SALEM, RECORDING SECRETARY.

THE thirty-ninth annual meeting of the society was held in Meionaon Hall, Tremont Temple, Boston, on Wednesday, April 9, 1879.

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MORNING SESSION.

The society was called to order by the President, D. B. Whittier, M. D., of Fitchburg, at 10.30 A. M.

The records of the last semi-annual meeting, and the meetings of the Executive Committee, were read by the secretary, Nathan R. Morse, M. D., Salem.

On motion of S. M. Cate, M. D., of Salem, it was voted that the delivery of the president's address be deferred until after the election of new members and the report of the treasurer.

NEW MEMBERS.

Before the society proceeded to ballot, the president called for the report of the special committee, appointed at the semi-annual meeting in October last, to investigate the charges preferred against E. Jeannette Gooding, M. D., of Boston, a candidate for membership in the society at that time, and the first name on the list of candidates to be balloted for to-day.

REPORT OF SPECIAL COMMITTEE.

LYNN, Dec. 13, 1878.

To the Massachusetts Homœopathic Medical Society: —

The committee appointed to investigate the case of E. Jeannette Gooding, M. D., of Boston, with relation to the charge preferred against her by J. H. Osgood, M. D., of Boston, at the last semi-annual meeting of the society, beg leave to report, that after a thorough investigation, we find that the charge of her having practised according to the clairvoyant method since her graduation from the Boston University School of Medicine is without foundation. We therefore recommend that the report of the Board of Censors be accepted.

Respectfully submitted,

MARTHA J. FLANDERS, M. D., Lynn.
M. G. HOUGHTON, M. D., Boston.
H. A. CHASE, M. D., Cambridgeport.

On motion, the report was unanimously adopted.

The society proceeded to the election of candidates for membership, and the following physicians, having passed the Board of Censors, and received the recommendation of the Executive Committee, were regularly elected members: —

E. Jeannette Gooding, M. D., Boston; F. L. Radcliffe, M. D., Lynn; Charles Leeds, M. D., Chelsea; David Foss, M. D., Newburyport; Edward P. Goodrich, M. D., Isadore Albert, M. D., Laura Maxfield Porter, M. D., and C. F. Nichols, M. D., Boston.

REPORT OF THE TREASURER.

BOSTON, April 9, 1879.

Dr.

To cash in treasury April 10, 1878	$780 43	
" collected during the year	802 00	
To amount due the treasurer	157 87	
		$1,740 30

Cr.

By cash paid on account of printing Vol. IV. Transactions	$1,037 92
" " F. J. Garbit, for editing the same	235 00
" " for binding and packing same	109 25

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By cash paid for printing transactions of April meeting . .		$99 05	
" "	National Bank Note Co., for printing fifty diplomas,	50 00	
" "	for lunch at semi-annual meeting	42 00	
" "	" annual meeting	37 00	
" "	use of halls for meetings	38 00	
" "	treasurer's expenses	14 27	
" "	secretary's expenses	37 81	
" "	printing notices of meetings	16 50	
" "	advertising meetings	10 50	
" "	making seals	12 50	
			$1,740 30

H. C. CLAPP, M. D.
Treasurer.

I have examined the above report, and I find it correct.

T. S. SCALES, M. D., *Auditor.*

April 9, 1879.

AMENDMENT OF BY-LAWS.

Dr. H. K. Bennett, of Fitchburg, gave notice in writing as follows: "At the semi-annual meeting of the society to be held in October next, I shall move that the annual dues of members of this society shall be three dollars, to take effect from the annual meeting in April, 1880."

PRESIDENT'S ADDRESS.

The President, D. B. Whittier, M. D., of Fitchburg, now delivered an able and instructive address, entitled "The Value of Objective Symptoms in the Treatment of Disease." The address, although lengthy, gave evidence of much study, careful thought, and was attentively received by the members present.

On motion of Dr. Sanders, of Boston, the thanks of the society were extended to Dr. Whittier for his able and instructive address, and it was further voted to refer it to the Committee on Publication.

Dr. Bennett, of Fitchburg, moved that a committee of three be appointed by the chair, to consider and report at this meeting upon some of the important suggestions contained in the president's address. Adopted, and the following members were appointed: H. K. Bennett, M. D., Fitchburg; O. S. Sanders, M. D., Boston; and H. L. Chase, M. D., Cambridgeport.

REPORT OF COMMITTEE ON MATERIA MEDICA.

J. Heber Smith, M. D., of Melrose, Chairman of the Committee on Materia Medica, said that he had no papers on the subject to present to-day. He had hoped, however, to be able to present a report at this time upon the subject of Tarantula Poisoning; but the mass of matter which he had received upon the subject was so voluminous that he had not been able to arrange it properly, either for a report at this time or for publication. He had a large correspondence in regard to the subject with Drs. Hering, Smith, and several army surgeons, and he came before the society to-day to apologize for the false proving which he had given it some four years ago.

The tarantula, by which Dr. Sherman was poisoned, came through the mail, and decomposition had undoubtedly commenced at the time the virus was imbibed into the system, and hence the symptoms in his case were such as might come from the scalpel or any other kind of animal poisoning, and therefore the symptoms there reported cannot be reliable. He asked pardon for that erroneous report, and trusted

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that if he was guilty of such errors in the future, he might make suitable retraction with as good grace as he had done at this time.

Another year he hoped to have this matter of poisoning by the tarantula properly arranged. He found only one case on record where poisoning had occurred from the bite of the tarantula. All of the army surgeons agree that there is no greater danger from the bite of this spider than there is from the sting of a wasp.

On motion, voted that the bureau be closed.

Report of Committee on Obstetrics.

The Committee on Obsteterics reported through its chairman, Thomas Conant, M. D., of Gloucester, and the following papers were presented and read, each by its author, except the first paper:—

1. Retained Placenta followed by Septicæmia, by J. H. Sherman, M. D., South Boston.
2. Eclampsia Apoplectica, by E. U. Jones, M. D., Taunton.
3. Puerperal Scarlet Fever, by M. J. Flanders, M. D., Lynn.
4. Apoplexy following Confinement, by M. V. B. Morse, M. D., Marblehead.

No discussion followed, and on motion voted that the bureau be closed.

Report of Committee on Clinical Medicine.

The Committee on Clinical Medicine presented their report through its chairman, H. C. Clapp, M. D., of Boston, and the following important papers were presented, although a portion of them were not read until the afternoon session:—

1. Idiopathic Gangrene of the Vulva in Childhood, by H. C. Clapp, M. D., Boston.
2. Diphtheria, by E. U. Jones, M. D., Taunton.
3. The Care of the Insane, by Samuel Worcester, M. D., Salem.
4. Report of Two Cases, one of tuberculosis and one of tumor in cerebellum, both following measles, by C. E. Hastings, M. D., Boston.
5. Nitrite of Amyl in Disease of the Heart, by A. M. Cushing, M. D., Lynn.
6. Paralysis following Diphtheria, by M. P. Wheeler, M. D., Boston.
7. Typhoid Pneumonia and Resulting Abscess of Left Lung, by E. P. Scales, M. D., Newton.
8. A Case of Membranous Dysmenorrhœa with Tonsilitis, by W. E. Richards, M. D., Boston.

At 1.15 P. M., the society voted to take a recess for lunch until 2 P. M.

AFTERNOON SESSION.

The meeting was called to order by the president at 2 P. M.

Dr. Bennett, in behalf of the Committee on the President's Address, reported that the committee appointed for that purpose at the morning session had attended to their duty, but in view of the large amount of matter to be presented at this session, they would decline to make any extended report other than to commend the address to the attention of the Committee on Publication as including matter of the highest practical value to the profession, and to ask that they be excused from any further consideration of the subject. Adopted.

Election of Officers.

The election of officers for the ensuing year being next in order, the president appointed the following members as a committee to collect, sort, and count the ballots: Drs. Phillips of Boston, Murdock of Watertown, and Leeds of Chelsea.

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The committee having attended to their duty, reported the result as follows: —

President, T. S. Scales, M. D., Woburn.

Vice-Presidents, Samuel Alvord, M. D., Chicopee; Lewis Whiting, M. D., Danvers.

Corresponding Secretary, Fred W. Payne, M. D., Boston.

Recording Secretary, Nathan R. Morse, M. D., Salem.

Treasurer, H. C. Clapp, M. D., Boston.

Librarian, J. T. Harris, M. D., Boston.

Censors, E. U. Jones, M. D., Taunton; A. M. Cushing, M. D., Lynn; Charles Sturtevant, M. D., Hyde Park; R. E. Jameson, M. D., Jamaica Plain; James Hedenburg, M. D., Medford.

On motion, the thanks of the society were extended to Dr. Worcester, for the highly interesting and valuable paper just read upon "The Care of the Insane," under the head of "Clinical Medicine," which was continued from the morning session.

Discussion.

Dr. French, of Lawrence, remarked that he heartily applauded the sentiments contained in the paper by Dr. Worcester, and he hoped that something might be done to carry into effect the object sought to be reached in the presentation of that very important paper.

Dr. Holt, of Lowell, concurred in the remarks just made by Dr. French, and also in the sentiments of the paper presented by Dr. Worcester, but he thought there was no more prospect of our accomplishing the object sought in the paper at this time, than there was in getting this society into the kingdom of heaven to-day. He thought, however, that the management of the insane at the present time, although in some respects improved upon the past, needed an entire revolution in order to meet the demands of the near future.

The discussion of the papers in the Bureau of Clinical Medicine was limited for want of time, and on motion it was voted that the Bureau be closed.

Next came a paper, entitled "Observations in European Hospitals," by W. H. Lougee, M. D., of Lawrence, and although its reading occupied nearly an hour, the subject-matter was so instructive and important that the society gave their undivided attention until its close.

Dr. Scales, of Woburn, then rose and said that the society was more than pleased with the paper presented by our friend, Dr. Lougee, and he would, therefore, move that the thanks of the society be extended to Dr. Lougee for his interesting and valuable paper, and that it be referred to the Committee on Publication. Adopted.

Dr. Hedenburg, of Medford, would inquire of Dr. Lougee in regard to the use of ether in Europe.

Dr. Lougee replied that there was only one small hospital in which ether was employed at all, so far as his own observation extended.

Dr. Jernegan, of Boston, would inquire of Dr. Lougee if patients in German hospitals did not bear the shock in surgical operations better than in America.

Dr. Lougee said that they did, and it was no doubt largely due to the use of chloroform as an anæsthetic instead of ether. He was satisfied that chloroform could be employed with as little risk or danger to the patient as ether, provided proper care was manifested in its administration. Dr. Lougee preferred the use of chloroform to ether.

Report of Committee on Surgery.

I. T. Talbot, M. D., of Boston, Chairman of the Committee on Surgery, said, on behalf of the committee, that they had no papers to present, and would occupy no further time with a report.

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Dr. H. M. Jernegan, of Boston, remarked that, with the permission of the society, he had a surgical case present which he would exhibit for their inspection, simply to show the method of treatment in such cases. Dr. Jernegan then introduced a Mr. Green, of Indiana, who received his injury at a railroad accident in Connecticut, on the 20th of February last, by being hurled against an iron railing surrounding a car stove. The cars were thrown from the track, and his spine much injured thereby. The gentleman passed bloody urine.

Dr. Jernegan said that the peculiarity in these cases is such that their gravity is not always noticed at the time, but after a few weeks it shows itself by sharp pains creeping down the limbs, and in six months or a year, more or less, the limb becomes paralyzed. Pressure on the spine at the point of injury causes great pain. He also remarked that the question of concussion in railroad accidents was of great medico-legal importance at the present time, in view of the many railroad accidents which are constantly occurring, but it was his present purpose only to exhibit a kind of brace, which properly applied, afforded the patient great relief in such cases, and he would recommend as a standard work upon the subject, "Erichsen on Railroad Accidents."

Dr. Banning, of New York, who was present, acting upon the suggestion of Dr. Jernegan, and with the permission of the society, exhibited his braces and system of pads, which he had devised for spinal support, and briefly explained their application and value in spinal treatment.

On motion, voted that the Bureau of Surgery be closed.

Report of Committee on Pharmacy.

Conrad Wesselhoeft, M. D., of Boston, Chairman of the Committee on Pharmacy, reported that the committee had only one paper to present, and that was one of great importance, by his colleague on the committee, who communicated the following paper, which he read: —

1. On the Homœopathic Theory of Attenuations, by Sullivan Whitney, M. D., Boston.

Discussion.

Dr. H. L. Chase, of Cambridgeport, said he thought the subject and paper just presented by Dr. Whitney one of vital importance to the homœopathic profession, and while he agreed with the essayist that matter was subject to law, he asked, "Do you or we know what those laws are? Does even the microscopist know what the microscope has revealed or may yet reveal?" Dr. Chase here exhibited to the society the fifth decimal trituration of certain remedies, whose presence, when even the minutest portion of the medicinal substance was mingled in a glass of water, could be detected by its coloring throughout the entire mass, by even the naked eye; and if the eye unaided could thus distinguish the presence of matter of that attenuation in water, who of us shall give limits to its divisibility? It was a solid fact, that medicines given in doses inappreciable to the eye, do exert remedial influence, and often produce effects more striking and important in disease than when exhibited in material doses.

Dr. David Thayer, of Boston, said that he thought this communication of Dr. Whitney's contained more scientific truth in fewer words than anything presented in this society since its formation, and he hoped he should hear from others on this most important subject of homœopathic attenuations, until all the doubts should be cleared up, and the question settled as to the truth of Hahnemann's method of preparing medicines by trituration. He was told that the spectroscope showed the

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peculiar spectrum of the chloride of sodium, — common salt, — when examined even in the 30th dilution. He, Dr. Thayer, knew that there was no art in the known world that would as yet show the presence of matter in our higher dilutions, as for instance, the 200th, but there are hundreds of physicians who can testify to the good effect which follows their use in disease. He might illustrate their effects by reference to a case of photophobia confined to a dark room, where, if a solitary ray of light was permitted to enter the apartment of the patient, intense suffering was thereby produced.

Dr. Thayer believed that if time permitted, he could make it appear probable that in a grain of the thirtieth trituration of a malleable mineral or metallic substance, there are as many or more particles of that substance as there are in a grain of the third or the sixth trituration, though they may be almost infinitely small, and to say that the twelfth, the twentieth, or the thirtieth trituration had no particle of the drug in it because it cannot be detected by the microscope or by the arts of the laboratory, is just as absurd as it would be to say that there is no impalpable sand on the boundless shores of the sea, because a few solitary bowlders remain on the shore, against which the ocean has hurled his imperial pestle since first the flight of years began.

Man, he said, stood midway between the two infinites, the microcosm on the one hand, and the megacosm or telacosm on the other, and it is as impossible for him to comprehend the infinity of the former as of the latter. Because the human mind cannot comprehend the infinitely minute is no reason why it should doubt microscopic infinity any more than it should doubt the infinity of space, because the mind of man cannot comprehend that. He did not make these remarks thinking to enlighten anybody, but to suggest a few thoughts to aid inquiry and the discussion of the very important subject unearthed by Dr. Whitney.

On motion, *Voted*, that the Bureau be closed.

Report of Committee on Pædology.

T. S. Scales, M. D., of Woburn, chairman of this committee, remarked that on account of the lateness of the hour, he would simply ask that the papers in the hands of the committee be read by title and referred to the Committee on Publication. Under this head the following papers were communicated.

1. Albuminuria, by E. U. Jones, M. D., Taunton.

2. Fluent Coryza, treated by the Sulpho-Cyanide of Potash, by T. S. Scales, M. D., Woburn.

On motion, *Voted*, that the Bureau be closed.

The Committee on Climatology made no report.

No reports from county societies or physicians having charge of charitable institutions were received.

Dr. Thayer, of Boston, offered the following preamble and resolution of respect to the memory of the late Drs. W. F. Jackson and F. H. Underwood, of Boston, which, on motion, were unanimously adopted.

Whereas, Divine Providence has removed from this life Drs. W. F. Jackson and F. H. Underwood, both honored members of this society, therefore,

Resolved, That the society express its profound sorrow for the loss of these valuable members, and that its sympathy be extended to their bereaved families.

Dr. Thayer also presented the following motion, which was adopted.

Mr. President, I move you that a vote of thanks be extended to the retiring officers of this society for their efficient services during the past year.

And so ended one of the largest and best meetings which the society has ever held, no less than one hundred and twenty-five members being present during the day. At 5 P. M. the society adjourned.

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OBITUARY.

THE LATE DR. WM. F. JACKSON.

DIED April 3, 1879, of apoplexy, at his residence, 84 Dudley St., Boston Highlands, Wm. F. Jackson, M. D., aged fifty-four years.

Dr. Jackson was born in Brunswick, Me., graduated from Bowdoin College, in 1846, studied medicine with Dr. Wm. E. Payne, of Bath, Me., and took his medical degree at Jefferson Medical College, Philadelphia, in 1849. For several years he practised at Gardiner, Me., from which place he removed to Roxbury, where he has lived for the last twenty-five years.

In 1850 he was married to Miss Abby C. West, who, with their three sons, survives him. The eldest son, Dr. Wm. L. Jackson, succeeds to his practice.

For years his professional labors have been very arduous. His practice was so extensive as in all probability to have occasioned the attack which terminated his life.

He was the first treasurer of the Massachusetts Homœopathic Medical Society, and afterwards became its president.

To all who attended his funeral, the question must arise as to the cause of the coming together on such an occasion of so large and intelligent an assemblage, a large proportion of whom were beyond the middle period of life. The cause seems to have been this: Dr. Jackson united many qualities and acquirements for a good physician, and he cultivated them with a good-will. When he had work to do, or an object to accomplish, he aimed to reach his point in a direct or bee-line. He wasted the least possible time in reaching good results. His diagnosis was quick, and his action prompt. His temperament was such as to aid in giving vigor and activity to all his faculties. This, united with great tenderness and sympathy for those in distress, enabled him to reach and help his patients along the path of recovery in a way that gained their confidence and regard in a most remarkable manner. This was not done through flatteries, which he thoroughly detested; on the contrary, he was often blunt with friend or foe, in brushing away what he regarded as mistaken fallacies.

PERSONAL.

Edwin A. Colby, M. D., has removed from Lowell to Gardner, Mass.

E. J. Gooding, M. D., has removed from 775 to 781 Tremont St., Boston.

Dr. Wm. R. McLaren, one of the first licensed physicians of the State of Illinois, has located in Woonsocket, R. I. The doctor has resided for the past ten years in Oak Park, eight miles from Chicago, and has the written indorsement of our leading homœopathic physicians in that city.

The American Institute of Homœopathy meets at Lake George, June 24. A large and interesting meeting is expected. Those who know of any improved method of drainage, or have anything else to contribute to the Bureau of General Sanitary Science, Climatology, and Hygiene, are invited to send papers to Dr. Bushrod W. James, Philadelphia. In connection with the Institute, the American Homœopathic Ophthalmological and Otological Society will hold its third annual meeting. All interested are invited by the secretary, Dr. F. Parke Lewis, to be present. Important papers are expected.

Dr. F. W. Payne, of Boston, sails for Europe on the 24th of May, for a three months' trip.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 7. JULY, 1879. VOL. XIV.

ON THE VALUE OF ERGOTINE IN PREVENTING THE FLOW OF MILK INTO THE BREAST.

BY E. M. HALE, M. D., CHICAGO.

EVERY physician has had, some time during his obstetric practice, cases like the typical one below narrated, wherein it is deemed of the most vital importance that the secretion of milk should be prevented, in order to avoid *mastitis*, and all its bad results.

The use of ergot in such cases is not to be considered in the light of a curative agent, selected according to the law of *similia*. Its action is that of a mechanical agent, and in a manner similar to compression of the mammæ by bandages, which has been recommended for the same purpose. I consider the use of ergot far safer than compression, which latter may injure the delicate structure of the breasts, and lay the foundation for scirrhus.

CASE. — Mrs. T. was confined with her third child fourteen years after her last accouchement. The labor was instrumental, and although I was assisted by one of our best physicians, the child was still-born. The soft parts of the mother were so unyielding, and the head so large and incompressible, that such result was inevitable. After the delivery I was informed by the patient's mother that after the birth of her last child, which occurred at the eighth month, and was still-born, the flow of milk was enormous, and diffuse mastitis set in, resulting in large abscesses in both breasts. On examining the mammæ I found them very largely developed, and I shared the fears of the patient's mother that there would be trouble unless the flow of milk was prevented.

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I had lately read in some medical journal that the flow of milk had been arrested by the use of half-dram doses of ergot, administered every four hours. Knowing the specific action of ergot on the muscular coats of the blood-vessels, I could easily conceive that in massive doses it could so shut off the circulation in the breasts that milk could not only be arrested, but absolutely prevented. Placing the patient on a low diet, as dry as possible, I prescribed Squibbs' fluid Extract of Ergot, gtt. 15, every four hours, but she could not take it, owing to her repugnance to the taste. As a substitute, gelatine-coated pills of ergotine were prescribed, each pill containing two and one half grains, one every four hours.

Their administration was begun on the morning of the second day after her labor. There did not occur the slightest secretion of milk, the breasts remaining soft and natural, and there was not the least fever or local tenderness or swelling. This brilliant result was attained without the appearance of a single disagreeable symptom of the drug. This case is typical of several others which have since occurred in my practice, and I have no hesitation in recommending the use of ergot in such cases as a perfectly safe and humane expedient for the prevention of a most painful and distressing accident.

FLORIDA AS A HEALTH RESORT.

BY H. R. STOUT, M. D., JACKSONVILLE, FLA.

Now that the season has closed, and our Northern visitors have turned their faces homeward, it would perhaps be well to take a retrospective view, and see what has been accomplished towards prolonging the lives of the many invalids who have visited us, hoping (some, alas! disappointed) that the balmy atmosphere and warm sunshine of this favored land would restore to them the blessed boon of health.

The tide of travel this winter has been larger than for several years, and a noticeable feature has been the absence of many cases of consumption in the last stage. Those who have been here this winter have been those generally who had a right to expect some benefit. It is distressing to have these hopeless cases visit us, they always expect so much; and their disappointment is great,

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when they find that their lives may be perhaps prolonged but a few weeks by the change. There are, of course, some apparently desperate cases in which a fair degree of health is recovered, but these examples occur among those who make a permanent residence here. This State (and also this city) contains numerous cases of that character. I have found, after several years' observation, that when a patient improves during the winter, there will be greater results attained if he remain through the summer and the following winter at least, than to go North in the spring, and return the following winter. The warm, balmy atmosphere and even temperature of summer exert a healing influence on the diseased tissues, the foundation of which improvement can be only laid during the winter. It will perhaps be objected, in this place, that the person will suffer from extreme heat and from debility. To this I will say, that it is the general experience, that Northern people suffer less here from debility than in the North, and having myself lived in the North until the last four years, I can speak from personal experience. Florida being a peninsula, situated between the Gulf of Mexico and the Atlantic, the whole State is swept by the refreshing breezes from salt water, which furnish a balmy freshness to the atmosphere during the entire twenty-four hours. Only twice during the past three summers, according to the records of the signal office, has the temperature in this city attained 100°.

Northern physicians generally do not know exactly where to send their patients in this State. When the disease is pulmonary, and especially if there is tuberculous deposit, they are safe in recommending any point except Fernandina and St. Augustine, on account of the irritating effects of the sea air during the winter, or Green Cove Springs, on account of the generally disastrous effect of the large sulphur spring at that point. When I advise invalids not to visit these points, they, supposing that with a view to personal profit I desire them to remain in Jacksonville, or that I have some other design on their happiness, generally leave on the next boat for one or the other of these places. The result is that they become rapidly worse, and go home cursing the climate.

As a rule, invalids travel around too much. They remain a few days in a place, and if they do not immediately improve, they

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are off to some other point, and thus changing from one resort to another, they get no benefit. Some cases will lose ground for the first week or two wherever they are, and if they then begin to gain, there they should remain for the season. Let them choose a place where the surroundings are pleasant, the company agreeable, and the table good, and there locate.

Malaria is a ghost which haunts the majority of visitors, but during the winter the chances of catching it are infinitesimal. In fact, I may say that I never have a case of malarial fever to treat at this season, except it may be in a person who already has the seeds of disease in the system, but even these cases are rare. It is fashionable to ascribe to malaria, all the ill effects of an injudicious diet, late hours, and all kinds of exposures.

While the climate of Florida may not be adapted to the cure of all diseases, yet in the majority of cases, an invalid may reasonably expect benefit. The science of climatology is yet imperfectly understood, but no doubt the time will come when the physician will prescribe the climate suitable for a given case with the same accuracy that he does his remedy.

THE PAST WINTER IN FLORIDA.

BOSTON JOURNAL OF CHEMISTRY.

"THIS climate is a fraud," remarked a pale gentleman to us in February last, as we were seated together, wrapped in heavy overcoats, on the piazza of one of the hotels up the St. John's River, in Florida. "During the past ten years," he continued, "I have visited nearly all the noted health resorts in this country and abroad, and none of them seemed to me so changeable and vicious as this." The morning was indeed a cold one, and the white frost, formed during the night, still remained on the shaded roofs of the buildings in view, while within the hotel as many as six great stoves, in the office, parlor, and corridors, were filled with glowing anthracite, and around them huddled a crowd of shivering inmates of the house.

The past winter was remarkably severe in Florida, and in its changeableness, dampness, and cold was hard to bear. It proved disastrous to invalids, and very many faltered or died during the

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winter. Those in robust health were troubled with constant colds, and some returned home, with the feeling that it was safer to brave the rigors of a Northern winter in comfortable homes with good food, than to wait for sunshine and warmth in the woods of Florida.

The winter was declared to be an "exceptional" one by those interested in sustaining the good name of Florida as a health resort. The only exception to this unanimity of statement was found in the person of the outspoken landlord of the Putnam House, at Palatka. He declared to his guests on the piazza of his own hotel, as they were shivering in the cold blasts from the north, that there was nothing "exceptional" about the winter; it was in his view a fair sample of the seasons as they had come under his notice in the past nine winters, or during his residence in Florida.

Such unreserved statements, so contrary to the interests of the party making them, deserve consideration. If it is true that last winter was a typical season, a fair representative of Florida weather in December, January, and February, then we say, Let all invalids keep away from that so-called land of flowers and sunshine.

We think, however, there must be at least a slight degree of exaggeration in the landlord's statements; we think that some of the Florida winters are more genial and pleasant than the last; certainly we found the latter part of the winter of 1878 far warmer and more comfortable. The truth probably is that Florida, like most other so-called health resorts, has its vicissitudes of seasons and weather, and one going there expecting constant sunshine and warmth will be disappointed. All health resorts, so far as our observation extends, are in many respects "frauds"; that is, they do not meet the expectations of those who travel far to enjoy their vaunted climatic comforts, and recuperate their wasted energies.

The number of invalids who resort to Florida in winter is unquestionably diminishing from year to year, and the time is not far distant when cases of advanced consumption will be rare upon the peninsula. As a rule, such invalids had better remain at home, and this truth is becoming well understood by physicians at the North. Of semi-invalids, those suffering from

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insomnia, nervous debility, and prostration, resulting from the pressure of business and other causes, the number in Florida the past winter was greater than ever before, and by reason of the cold and other unfavorable influences, but very few were benefited.

The hotels are not conducted with any view of affording rest and comfort to invalids. They are "run" to a large degree in the interests of a few idlers or pleasure-seekers, who, having plenty of means at command, go South in winter, as snow and ice interfere with their boating, shooting, roystering, etc., at home. The proprietors are for the most part owners of sea-shore or mountain hotels at the North, and the same course of dancing, waltzing, etc., is kept up in Florida as at those hotels in summer. It is strange that the hotel-keepers fail to see that the wishes and intentions of their guests, with few exceptions, are widely at variance with those of the summer pleasure-seekers who fill their houses at the North.

It is certain that hotel proprietors in Florida who insist upon retaining in their employ bands, "buglers," and "trumpeters," against the protests of three fourths of their guests, will find their music resounding through empty halls after a few more winters. Those who need rest and recuperation — and this is the most numerous class who desire to go South in winter — will not submit to unnecessary and annoying clamor and noise in hotels; they will prefer to stay amid ice and snow, and enjoy home quiet and comforts.

Magnolia is a very delightful, quiet place of resort. It consists of a collection of pleasant cottages, with a small hotel designed for table board especially. Quiet people will find here rest and most excellent society, — considerations of the highest importance to invalids.

PICTURE FROM A PARISIAN HOSPITAL. — Professor (who has his class in the wards) to patient, "What is your occupation?" Patient (who has pulmonary disease), "Musician, sir." Professor to class: "There, gentlemen, at last I have the opportunity of demonstrating what I have often told you in the lecture-room, that the wear and tear on the respiratory tract caused by the blowing of musical instru ments, is a fertile source of just such difficulty as our patient here labors under. (To patient). What instrument do you play, sir?" Patient, "The bass drum!" — *The Cincinnati Lancet and Clinic.*

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, JULY, 1879.

A COMPLIMENTARY dinner at the Commonwealth Hotel, Boston, was given to Alfred C. Pope, M. D., M. R. C. S., of London, on June 5, at which about eighty physicians were present. The guests began to assemble in the parlors before six o'clock, and the company adjourned to one of the large dining-rooms at seven, where they arranged themselves in groups of ten each about small tables in a very social way. The tables were ornamented with flowers, and on the wall behind the guest-table was a fine bust of Hahnemann (a copy of the original bust made by David for the widow of Hahnemann soon after his death), wreathed in flowers and surrounded with the English and American national colors. An excellent bill of fare was served, and at its conclusion the customary after-dinner speech-making was enjoyed. Dr. J. H. Sherman, the president of the Boston Homœopathic Medical Society, said a few words of welcome to the distinguished guest of the evening, and then announced Dr. J. Heber Smith as toast-master. There were, however, no formal sentiments, the toast-master simply introducing the different speakers in appropriate terms. Prof. I. T. Talbot, M. D., of the Boston University School of Medicine, was first introduced, and gave the company a brief account of Dr. Pope's life and relations to homœopathy. He said that Dr. Pope received his professional education at the University of Edinburgh, but was denied a medical degree except on condition that he would give a bond not to practise homœopathy. Dr. Pope, said the speaker, spurned the honor even of a degree from the University of Edinburgh if it must be obtained at such a cost. That was the beginning of his brilliant professional career, and from that time to this he had never made a surrender of principle to self-interest. He had been for thirteen years editor of one of the most earnest and best homœopathic journals ever published, and one of the most honored of the representatives of our school of medicine abroad.

Dr. David Thayer, late president of the American Institute, followed Dr. Talbot in a happy speech of a humorous character. The toast-master then introduced Dr. Pope himself, taking occasion to remark that it was greatly to that gentleman's credit that "in spite of all temptations," etc., he was born and remains an Englishman.

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Dr. Pope was enthusiastically received. He feelingly returned thanks for the cordial reception given him, and then referred at length to what is being done in England for homœopathy, premising that the progress of any science, of any art, of any profession, can be measured by the character of the institutions it sets on foot. He told of the success attending the homœopathic hospitals, school, courses of lectures, etc., and drew therefrom encouragement for the future. At the conclusion of this address, remarks were made by Drs. Conrad and Walter Wesselhoeft, Dr. de Gersdorff, Dr. L. D. Packard, and others.

Everybody seemed to have a very enjoyable time, and to take pleasure in honoring a man so eminently worthy of honor. He has made many friends during his week's stay in Boston, and expresses himself as much pleased with his visit, and the attentions shown him.

At the annual dinner of the Massachusetts Medical Society in Music Hall, June 11, President Eliot, of Harvard College, having been called upon to speak, gave the following playful but sarcastic little thrust at a custom which is really dishonorable, and yet far too frequent. We are glad that he had the moral courage to speak out.

He said that it always gave the representatives of the University great pleasure to extend its greeting to this, the strongest professional body in the country. But on this day he wished to do a little professional work on his own account, and wanted to call the attention of the doctors to a peculiar disease among the academic students at Harvard. Twenty-one per cent of the men in the Senior Class were so affected with diseases in the throat and lungs that it was impossible for them to go to prayers (so the doctors of the Massachusetts Medical Society had certified). [Laughter.] Among the curious facts in connection with this disease was this, that it had increased from ten per cent in the Freshman Class to twenty-one per cent in the Senior Class, which showed how unhealthy the college course must be in this respect. [Laughter.] It was a disease which existed only a few moments in each day. It did not prevent the students from going to breakfast even when the prayer bell was ringing, nor from going to the theatre almost every night in the week. [Laughter.] Some of them were the most athletic men in college, and sang in the Glee Club while thus affected. These diseases were all certified to by members of the Massachusetts Medical Society; the college took no other certificates. [Laughter and applause.] "I don't know," said the speaker, seriously, "any greater harm a physician can do a young man between eighteen and twenty-one than to give him a false excuse for avoiding a duty." [Applause.]

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Dr. Turnipseed, of South Carolina (we wonder if he did n't invent this name as a shrewd advertising dodge to increase his business. It would not be strange, since we learn that the Hop Bitters Company, of Rochester, N. Y., has this season been enterprising enough to form a base ball nine, all excellent players, including four of last year's champion Bostons, and the club is now playing throughout the country, forcing the bitters into all the newspapers), exhibited before the American Medical Association, at its late session at Atlanta, Ga., a "remarkable set of instruments for operating upon vesico-vaginal fistula, also a new hysterotome, a uterine dilator and speculum, a new vaginal speculum, and last, but not least, a *new apparatus for delivering women without the use of the forceps, on the principle of atmospheric pressure, which utilizes the well-known expedient, adopted by boys from time immemorial, to lift bricks by pressing thereon a moist disk of leather having the point of support in its centre.*" If Dr. Turnipseed had exhibited his inventions at that large boarding-house in South Boston which Dr. Packard tells about, where the boarders are all kings and queens, dukes and millionnaires, it would have been in keeping, but before such an august, high, and mighty body as the American Medical Association, — well, we do not know what to say about it.

But honestly, we can see no more evidence of lunacy in such exhibitions than what occurred on the second day of the same show, when Dr. N. S. Davis, of Chicago, moved an amendment declaring it to be an infraction of the code of ethics for any physician *to teach or aid in the instruction of* any student who was a supporter or intended practitioner of some irregular or exclusive system of medicine, — meaning homœopathy, of course.

Let us see how that would work if rigidly enforced. In many of our large cities are public hospitals, supported by general tax-payers, where clinical instruction is given, and where medical students of all schools are justly allowed. Not to admit them would be *infamous*. Pardon the word; it may sound a little harsh, but it is nevertheless true. The "very regular" clinical teachers at such hospitals, when making their visits, would of necessity be obliged either to abstain from imparting anything like a brilliant idea to their own very regular students, for fear that a morsel of it might be greedily snatched by some hungry homœopathic wolf, who would be sure to be sneaking around to catch the crumbs which fall from the children's table, or else to resign and give place to some enlightened and liberal-minded Hahnemannian, who would not be apt to have any scruples against putting his candle in the candlestick (instead of under a bushel) so that it might give light to all who were in the house. Even should Dr. Davis's amendment drive these

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very regular teachers from the public to private hospitals, and to their own lecture halls, they would not be safe, for even there some among their own classes are intending at some time to practise homœopathy. Is there an allopathic school in this country, some of whose graduates have not eventually found out the better and more philosophical way of practising, and availed themselves of it? If still more rigidly enforced, this amendment would even prevent members of the association from writing medical books, for these would be sure, now and then, to fall into the hands of homœopathic students and give them some instruction. The idiotic nature of such an amendment, as a matter of *policy* alone, could not fail to escape the notice of some other members, among them Dr. Dunster, of the University of Michigan, who is compelled by the laws of his State to give instruction in certain branches to students of the Homœopathic Department of the University or resign his position, and who, with others, vigorously opposed it. It was laid on the table for a year. Had Dr. Davis been as "wise as a serpent," he would have endeavored to favor instead of repressing the "regular" instruction of homœopathic pupils, for the purpose of "leading them from the error of their ways," and of "instilling sound doctrine into them." For it sometimes happens that a young man of good [*i. e.* homœopathic] principles is seduced from them by the influence of allopathic teaching. To be sure, in such cases, it is always the weaklings, who cannot withstand ridicule or a sneer, but then, in converts "every one counts one."

Lest we might seem to be merely looking for flaws in the late proceedings of the American Medical Association, we hasten to observe, that as far as we can judge from the reports, a great deal of really very valuable material was presented, which, we are sorry to say, we have not space to notice.

Societies and Institutions.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY M. P. WHEELER, M. D., SEC'Y.

April 17, 1879. *Diphtheria.* — Dr. de Gersdorff: I am not satisfied with my own treatment of the disease or that of others, and have come to the conclusion that all well-indicated remedies will combat certain symptoms, and *lead* to cure, but nothing more.

The prognosis is more favorable the less the surface is covered by

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the membrane, and is also governed by the amount of septic material absorbed.

When all reactive energy is exhausted, I feel that I must stimulate and use disinfecting remedies until I again bring the disease within the scope of homœopathic remedies.

I think the discrepancy in the statistics of the mortality of this disease is due to the difference in the severity of the attacks.

Septic and gangrenous diphtheria yield to treatment with difficulty, or not at all.

Scarlatinal diphtheria is the most contagious.

I have had the best success in the treatment of the disease when some one remedy was clearly indicated in the beginning of the attack.

I at first thought it a general disease, but at present I think that it begins locally and affects the system secondarily.

This does not exclude spontaneous cases. A contagium and a susceptibility are necessary to produce the disease.

For the paralysis that comes on slowly two or three weeks after the abatement of the disease, I have found *Gels.* *Ars.* and *Rhus* to be effectual.

The membrane in diphtheria differs from that in suffocative laryngitis, or true croup, in involving a deeper part of the mucous membrane. In diphtheria the membrane cannot be removed without loss of tissue, while in croup the membrane does not penetrate the mucous layer, and when it is removed it leaves the mucous membrane intact. As a general rule, I should be opposed to tracheotomy in diphtheria.

Dr. Talbot reported the case of a man about thirty-five years of age who had paralysis following diphtheria. He had loss of power in the limbs, and progressive locomotor ataxia. He has been under treatment for one week, receiving the *massage* treatment of the muscles, under which he has greatly improved.

Dr. Krebs has used switches of birch instead of the massage treatment, with good results.

Dr. Thayer thinks there is a certain amount of animal magnetism which does more good than the mere kneading of the flesh in this kind of treatment. Certain persons are very easily influenced by this kind of treatment when performed by a person having a large amount of animal magnetism.

For diphtheritic paralysis he is in the habit of giving *liquor calcis chlorinatæ.*

The miasm, to be effective, must be in an attenuated form. The cattle that graze in the fields near Mt. Hecla are not affected with disease of the bones, but those feeding at a distance from the mountain ave exostosis.

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Dr. C. Wesselhoeft: We have no specific for any disease. How much our treatment, in diphtheria, is better than good nursing we cannot tell. The membrane is sometimes hard, and at others soft, and the odor is sometimes offensive, and at other times not. We have albuminuria, and the prognosis can sometimes be determined by its extent. *Sulphuric Acid* deserves a more frequent use in this disease, as it produces a soft exudation, a glutinous mass, with fetor from the mouth. *Cantharis* produces a diphtheritic slough from any part to which it is applied, and likewise albuminuria. *Mercury* may be strongly indicated, especially *Cyanide of Mercury*, which has produced exudation and ulceration. *Nitric Acid* is another remedy, not only empirically useful, but is homœopathic. For paralysis *Arsenicum* is homœopathic, producing atrophy of parts to which it is applied, and, if introduced into the system, it produces atrophy of the cellular tissues and cures similar troubles.

Dr. Sherman uses alcoholic stimulants in the later stages of the disease, but thinks them bad in the first stages. Had a case of hemiplegia following diphtheria, with dropsy, suppression of urine, and pericarditis, which yielded to *Cantharis* and *Digitalis*.

Dr. Palmer has used alcoholic stimulants in but few cases, and has been sorry that he used them at all. Would give full diet.

Dr. Talbot has had the best success with *Apis*, *Bryonia*, and *Cyanide of Mercury*, using as gargles alcohol and coffee with cream. *Myropetroleum* gives relief in clearing the throat, and applied externally for swelling of the cervical glands.

Dr. W. Wesselhoeft: There are no specific germs in diphtheria that are not found in other morbid products; at the same time germs occur in this disease, and the rapidity of their appearance is characteristic of this disease.

Dr. de Gersdorff: I have noticed that those who have the care of the sick, nurses, etc., do not have the disease as severely as it is found in those cases that arise from some mysterious cause. Antiquated and attenuated germs produce the worst cases.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

REPORTED BY GEO. B. PECK, JR., M. D., SEC'Y.

A REGULAR quarterly meeting of this society was held in Westerly, at the Dixon House, on Friday evening, April 11. A score or more of the members, with their friends, took the steamboat train at Providence for that charming village, and after an hour's genial converse

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found themselves within its precincts. Carriages were found waiting their arrival, one of which the ladies, with their escorts, availed themselves of, the gentlemen preferring to walk the short distance to the hotel. The delegation was received in the parlors of the Dixon House, by Dr. Lucy A. Babcock, assisted by her sister, Dr. Phebe J. B. Wait, of New York City. After mutual introductions, the society was called to order by the president, Dr. Wm. Von Gottschalk, of Providence. Rev. Mr. Beach was requested to implore the divine blessing upon the gathering. Considerable routine business was transacted at various times during the evening, to which further reference is unnecessary. Henry W. Rose, M. D., of Westerly, was proposed for membership. Dr. Mary D. Moss Mathews, of Providence, read a long and interesting paper treating of some of the disorders peculiar to women, especially ovarian tumors and ovaritis. It evinced careful and extended study.

Dr. Mann, of Woonsocket, reported a case of eczema, complicated with nostalgia, in a young woman but four months in the country. The clearly indicated remedy for the former — *Graphites* — made little impression until the latter had been removed by *Capsicum*.

Dr. Caldwell reported a case of malignant diphtheria carried safely through on hypodermic injections of *Potassic Permanganate*. Dr. Gottschalk stated that this treatment had been so highly recommended in certain quarters that he had used it in four malignant cases and lost every one, since which he had never ventured to touch the remedy. Dr. Peck remarked that after what he had seen of its effects, he could not feel that everything had been done for a patient when that remedy had been neglected. Drs. Sawin and Budlong had failed to see any benefit resulting from its use. An animated discussion now ensued, participated in by the president, Drs. Knight, Budlong, McKnight, and others, relative to the best medication for this disease. The *mercurials* (more especially the *Cyanide*), *Arsenicum*, and alcohol, were strongly recommended. Drs. Wait and Peck spoke favorably of *Potassic Bichromate* in diphtheritic croup.

Dr. Babcock presented a detailed account of a singular and complicated case occurring in her practice.

It now being half past eleven, supper was announced and a recess was taken to attend its claims. Grace was said by Rev. Mr. Evarts, of Providence. After the material man had been more than satisfied by a sumptuous repast, temptingly spread and delicious to taste, the secretary, acting as toast-master, announced the following sentiments, which were duly responded to: —

"The clergy: When *orthodox*, safe guides to the fountain of perpetual youth." Rev. D. N. Beach, of Westerly.

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"Brown University: A venerable teacher of religious, scholastic, and scientific liberty." Prof. Benj. F. Clark.

"The New York Homœopathic Medical Society: *Facile princeps.*" Phebe J. B. Wait, M. D., of New York City.

"The Home Guard of '62, the Veteran of '65." Gen. James Shaw, Jr., of Providence.

"Freemasonry: Its secret mysteries most clearly revealed to the benevolent physician." George M. Carpenter, Jr., a Deputy Grand Master.

"*In certis unitas, in dubiis libertas, in omnibus charitas:* A peculiar tenet held by Homœopaths and Baptists." Rev. Wm. W. Evarts, Jr., of Providence.

"The Surgeon-General elect: None name him but to praise." Dr. J. C. Budlong, of Centredale.

Dr. Wait gracefully proposed "The Rhode Island Homœopathic Society," at the close of her address, which was responded to by the president.

In concluding, the toast-master paid merited tribute to the courage, persistence, and skill exhibited by Dr. Babcock since her settlement in Westerly, and congratulated her, in behalf of the society, upon her already assured success. He recited a sentiment, responded to by Dr. Mary D. M. Mathews, at the late annual meeting, "Our Lady Members: Distinguished for their culture, delicacy, and refinement, they richly merit the success they have attained," assuring the hostess that her record was necessary to make the sentiment possible, and finally rejoiced that the opportunity had been presented thus publicly to indorse her position.

At ten minutes past two the table was forsaken and business resumed. The thanks of the society were voted to Dr. Mathews for her valuable paper; also, to Dr. Babcock for her thoughtful and elegant hospitality. Drs. Peck and Sawin were appointed delegates to the next session of the American Institute of Homœopathy, to be held at Lake George, in June, and Drs. Hall and Budlong were appointed essayists for the next meeting.

The society adjourned hastily in order to meet the return steamboat train. Naturally, however, it came along a half-hour behind time; yet the intervening moments sped quickly and cheerily in the comfortable depot. A special car was assigned to the party, and each passed the hour as seemed most good, in conversation, smoking, or sleeping. Early dawn found the doctors and their friends safe home, ready for the day's work, and thoroughly delighted with their excursion.

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HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

REPORT OF THE COMMITTEE TO WHICH WAS REFERRED THE PREAMBLES AND RESOLUTION ADOPTED AT THE LAST ANNUAL MEETING, BROUGHT BEFORE THE SOCIETY UPON A MOTION TO RESCIND AND EXPUNGE FROM THE RECORDS.

YOUR committee, representing the extremes of our school, both in practice and views, have unanimously agreed to present the following paper. They ask for its careful and liberal consideration. They hope it may be received by the society, ordered to be printed, and sent to every homœopathic physician of the State.

They suggest that the committee or their successors be continued during the year; that the chairman be the medium of correspondence with any member of the profession who may desire so to do; and that their final report be made to the society at the afternoon session of the first day of the meeting of 1880.

WHEREAS, The resolution passed by this society at its last annual meeting does not justly express the views of our school, and is calculated to place us in a false position before the world,

Therefore, We, the members of said society, deem it expedient to put upon record the following avowal of our position: —

First. That we adhere to the formula, "*similia similibus curantur*," as enunciating the great therapeutic law for the treatment of disease. Evolved by induction, formulated by the venerable Hahnemann, tested and approved by thousands of physicians during scores of years, we are assured that, with our increased knowledge of the *Materia Medica*, we shall be able to demonstrate more fully its universality as a therapeutic law, and show in a more perfect manner its harmony with other and cognate natural laws.

Second. That we clearly and emphatically distinguish between a "therapeutic law" and the laws of chemistry, physics, and hygiene; and while in the treatment of disease their formula, "*causa sublata tollitur effectus*," is often to be remembered and used with advantage, yet such laws and such action in no way infringe upon or invalidate the *therapeutic law*, "*similia similibus curantur*."

Third. That we have not in the past, nor do we now, yield one tittle of our rights, as physicians, to use any means or appliances of the general profession to aid in the treatment of our patients (under the homœopathic law), or in the palliation of their suffering, through

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the application of any physical, surgical, chemical, or hygienic law, leaving the question of such use to the individual judgment of the practitioner, assured that they will be the least used by those who are the best acquainted with our *Materia Medica*, and best able to wield its immense *armamentarium*.

Fourth. That, contrary to the opinion held by some, we most thoroughly indorse, and would most earnestly enforce, the study of pathology and pathological anatomy in our schools and by our students, as determinating in the direction of a broader medical culture.

Fifth. That the great work of our school, in the advancing of medical science, is the proving of drugs, and the enlarging, purifying, and verifying of our *Materia Medica*.

We point with just pride to the work we have already accomplished; and though we may lament that it has not been more thorough, and less open to criticism, yet we hail the continued appropriation by other schools of the medicines, and methods of using them, that we have introduced to the profession, in those diseases where their usefulness has been indicated to us by their pathogenesis, as a virtual indorsement of our labors, and to a certain extent vouching for their substantial accuracy.

We do not look upon this action on the part of our *quondam* opponents with jealousy, but welcome it cordially, *when credited*, as the dawning of a better era. We freely yield our labors for the use of others, as only a just contribution to the general profession from which we have received so much.

Sixth. In relation to the dose of the *simillimum* proper to be exhibited, we discover that the most brilliant triumphs of homœopathy have been achieved by the use of attenuated medicines; yet, as a matter of fact, we find that even the crude drug in minute doses will exhibit power to become a remedy under our therapeutic law.

But, as we as yet have not been able to deduce a law to guide us in determining the *amount* of a drug to be used, or the *attenuation* to be exhibited, in order to meet the demands of any case most accurately, this society, while on the one hand it refuses to join with those who decry attenuated medicines, on the other will not refuse to recognize as brethren those who, governed by their honest convictions, can only exhibit crude medicines or the lowest attenuation in the treatment of the sick.

Seventh. In conclusion, we would most frankly and fully join in the motto of one whom this society loved to honor, when in life he so often

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and so wisely directed its councils : "*In certis unitas, in dubiis libertas, in omnibus charitas.*"

JOHN J. MITCHELL, Newburg,
A. S. COUCH, Fredonia,
A. W. HOLDEN, Glen's Falls,
E. CARLETON, JR., New York,
W. C. DOANE, Syracuse,
} *Committee.*

This report was accepted and ordered to be printed.

Attest :

ALFRED K. HILLS, M. D., *Rec. Sec.*

THE JOINT CONVENTION.

A JOINT convention of the Western Academy of Homœopathy and the Missouri Institute of Homœopathy was held at the Lindell Hotel, St. Louis, May 7, 8, and 9, and was considered a great success in every way. A rousing welcome was given by the homœopathic representatives of St. Louis, both ladies and gentlemen, both professional and non-professional.

The number of delegates present was eighty-five. Of these, five were lady physicians holding diplomas. These delegates came from Minnesota, Iowa, Wisconsin, Illinois, Indiana, Ohio, Tennessee, Louisiana, Michigan, and Missouri.

There will be an official publication of the papers and proceedings of this joint convention, either in book form or in the medical journals, in about three months by the Publication Committee, Drs. A. S. Everett, P. G. Valentine, and Wm. C. Richardson, all of St. Louis.

The first session began by a welcoming address, delivered by Prof. Ambrose S. Everett, president of the St. Louis Society of Homœopathic Physicians and Surgeons, and a happy response by J. Harts Miller, of Abingdon, Ill., the president of the Western Academy of Homœopathy. There was a paper read by Dr. J. T. Boyd of Indianapolis, on Ergot, which created some merriment and provoked some remarks by Drs. A. E. Higbee of Minneapolis, and M. M. Eaton of Cincinnati. Dr. N. A. Pennoyer of Kenosha, Wis., read a long paper on "Rest in Nervous Diseases." Discussed by Dr. T. C. Duncan of Chicago. Dr. J. Martine Kershaw of St. Louis presented two papers which were elaborately illustrated by diagrams. The name of the first was "The Differential Diagnosis of Diseases of the Spinal Cord"; the second, "Some Symptoms of a Nervous Character, dependent on Caries of the Vertebræ and their Cure by Mechanical Treatment."

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Discussed by Drs. Duncan, Eaton, Pres. Miller, and Lewis Sherman of Milwaukee, Wis. The Pharmacy Bureau had but two papers, one from Dr. T. D. Williams of Chicago, arraigning the American Institute and the Pharmacies for neglect of duty in the correct preparations of homœopathic remedies, and the other from Dr. W. Jno. Harris of St. Louis, on the Time to gather our Flora.

The Bureau of Materia Medica presented two valuable papers, one by Prof. Adolphe Uhlemeyer of St. Louis, on Lappa Major Provings and Cures, the other by D. T. Abell, of Sedalia, Mo., on Indigenous Remedies. The Bureau of Surgery followed, and Prof. S. B. Parsons, of St. Louis, exhibited a case of hare-lip; he also furnished a paper on Posture of Patients during Surgical Operations and Treatment, and another on the Dangers of Esmarch's Bandage. Dr. W. D. Foster of Hannibal, Mo., read two papers, one on Fibroid Tumor of the Uterus, and the other on Traumatic Stricture of the Male Urethra. Dr. B. Bell Andrews of Astoria, Ill., exhibited a young lad who had anchylosis of the knee-joint, caused by a circular saw. Dr. S. R. Beckwith, of Cincinnati, presented a paper on Strictures of the Æsophagus.

The afternoon session of the second day, Thursday, was devoted to Gynæcology and Pædology. Mrs. M B. Pearman read an article on Dysmenorrhœa, and Dr. T. G. Comstock one on Endometritis. The discussions that followed were carried on spiritedly by Drs. Eggert, Edmonds of St. Louis, Higbee, Petrus Nelson of Minneapolis, and others.

M. M. Eaton then read a paper entitled "Hints on Gynæcology." This was discussed by Drs. Richardson and Eggert. Dr. W. A. Edmonds then read a paper on Eczema of the Scalp in Children, claiming Arsenicum to be the *simillimum.* Discussed by Dr. Boyd, who recommended tar-water to the scalp; Dr. E. M. McAfee of Clinton, Iowa, who cured it with *Graphites* ^{200}; and T. C. Duncan, who considered the primary cause to be sought in the alimentary canal, and the treatment addressed thereto. Dr. D. T. Abell of Sedalia, Mo., had cured several cases with acetic acid applied to the scalp locally. Dr. Duncan read a paper on Enteritis and Cholera Infantum.

In the forenoon of Friday the Bureau of Ophthalmology and Otology presented three most excellent papers, which were read by their respective authors and illustrated on a blackboard: Dr. C. H. Vilas of Chicago, on Overflow of Tears; Dr. J. A. Campbell of St. Louis, on Foreign Bodies in the Ear; T. P. Wilson of Cincinnati, on Asthenopia.

The afternoon of Friday was taken up mainly by the Bureau of Clinical Medicine, and a paper on Sanitary Science in Public Schools, contributed by Dr. J. A. Campbell, a paper by S. B. Parsons on Ven-

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tilation in Public Schools, a paper by Dr. Kershaw on Some Practical Hints in the Treatment of Nervous Affections, and one by Dr. W. A. Edmonds on Yellow Fever experiences. Dr. Edmonds made a stirring appeal on behalf of little children who ought to be kept away from school till they are ten years of age, and allowed to grow and vegetate naturally in open air and sunshine.

One entire evening session, Wednesday, was assigned to the Bureau of Registration, Legislation, Education, and Statistics, in order to get the homœopathic news from all the cities, States, colleges, societies, hospitals, journals, dispensaries, pharmacies, authors, and publishers. It was a happy thought, and the information gained was truly refreshing. It was learned, with great pride and pleasure, that our cause was gaining ground everywhere, and that high places of trust, honor, and emolument were accorded to physicians of our school in nearly every State and city represented in the convention.

At various times during the convention the subject of Yellow Fever came to the front, and three articles were read on the subject; one by M. M. Eaton, one by Walter Bailey, Sr., of New Orleans, and one by W. H. Edmonds. Drs. Dake of Nashville, Wilson of Cincinnati, and Cummings of St. Louis, made interesting speeches on the same subject, touching upon the views of the profession regarding quarantine, infection, communicability, prevention, the germ theory (animal or vegetable), and the wonderful success of homœopathic treatment of this, the most deadly of all diseases of the lower Mississippi and Mexican Gulf.

In regard to the grand reception given at the Lindell Hotel on Thursday night, nothing but a society article in a society paper could do the subject justice. It was managed chiefly by Dr. G. S. Walker, and the ladies he called in to his assistance, and was a pronounced success in every particular, the promenading, banqueting, music, and dancing continuing till two o'clock in the morning.

Minneapolis was chosen as the next place of meeting, in June, 1880. Dr. G. S. Walker, St. Louis, was elected President; C. H. Vilas, Chicago, first Vice President; J. T. Boyd, Indianapolis, second Vice-President; R. L. Hill, Dubuque, Iowa, third Vice President; C. H. Goodman of St. Louis, General Secretary; H. W. Roby, Chicago, Provisional Secretary; and G. W. Foote of Galesburg, Ill., re-elected Treasurer.

Board of Censors. — A. E. Higbee, R. F. Baker, P. G. Valentine, J. A. Campbell, and T. P. Wilson.

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Reviews and Notices of Books.

BOOKS RECEIVED.

Lectures on Materia Medica. By Carroll Dunham, M. D. New York: Francis Hart & Co., 63 Murray St. 2 vols. $8.00.

We have nothing but praise to bestow upon these two volumes. The first thing that impresses one as he opens them, is the elegance of their mechanical execution. The heavy, creamy paper, the clear, beautiful, leaded type, and the convenient size of volume, make them the best specimens of the printers' art in the medical line which we have seen for many a day. As a frontispiece to Vol. I. there is a very lifelike steel engraving of Dr. Dunham. He almost speaks to us; more than almost, when we turn over a few pages and read. It requires very little imagination for those of us who have met him, to hear the very tones of his earnest voice, and to see the changes of expression on his intellectual face, as our eyes run over the printed pages. We cannot help feeling deeply our great loss, and the loss of the whole medical world, in his being taken away in the very noonday of life, while he was accomplishing so much; and yet we are very grateful for his noble manhood, for the enthusiasm with which he has inspired so many men in our ranks, for what he has done in many ways to elevate the cause of homœopathy, and to gain respect for it in circles where it was before unappreciated or despised.

Dr. Kellogg writes a memoir of the author, which is fitly prefixed to the work. Then follow essays on "Materia Medica and Therapeutics," "The Study of Materia Medica," "The Therapeutic Law," and "Preliminary Observations," which, as the old saying is, "are as interesting as a novel." Then come descriptions of individual drugs; not long, dry catalogues of symptoms, but interesting accounts of the history of the drug, its physiological action, its comparison with others, intelligent arrangements of its pathogenetic symptoms, explanations of the reasons of things, where such are possible, not mere authoritative dicta, which must be swallowed, right or wrong, because they come from the master. The sphere of action and pathological effects receive also no little attention, although Dr. Dunham did not believe in pathology as a basis of therapeutics. Indeed, he was by far the ablest opponent of the pathological basis that we know of. If any argument could convince us, certainly his could. Space will not permit us to dwell longer on the subject, although there is much to call attention

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to. The second volume is likewise devoted to an intelligent description of the properties and characters of drugs, and also contains essays on "Principles of Homœopathy," "Principles *v.* Practical Knowledge," the "Anamnesis," and "Symptoms, their Study, or How to take the Case." We advise every physician to get this work and read it carefully.

HEARING AND HOW TO KEEP IT. By Chas. Burnett, M. D. Philadelphia: Lindsay & Blakiston. For sale by A. Williams & Co. 50 cents.

This is the first volume of the American Health Primers, which is a series of small volumes on subjects pertaining to "Sanitary Science and the Preservation of Health," written by American authors of established reputation, selected with reference to their special knowledge of the subject from previous study or as private and public teachers. They are written from an American standpoint, with particular reference to our climate and modes of life. The subjects selected are of vital and practical importance, and are treated in as popular a style as is consistent with their nature, technicalities of language being avoided. Each volume will be illustrated by engravings, when the text can thus be more fully explained to those not heretofore familiar with the structure or functions of the body.

"Hearing" resembles in size and appearance Houghton, Osgood & Co.'s well-known vest-pocket series. It gives a great deal of information to laymen in a plain manner, and is well illustrated by wood-cuts. It serves the same purpose with regard to the ear that Dr. Angell's little book does with regard to the eye. It does not attempt to interfere with the province of the physician, but on the contrary, must be a great aid to him in teaching the general public many things which they ought to know but do not.

LONG LIFE, AND HOW TO REACH IT, by Joseph G. Richardson, M. D., is the second volume of the American Health Primers. Of course the narrow limits of the volume do not allow of much thoroughness; still the author chats in an interesting way about the causes of disease and how to avoid them; heat and cold as causes of disease; contagion, and how to escape it; clothing, pure air, pure water, baths, the house, food, exercise, sleep, mental power, parasites, and finally old age, and how to meet it.

Other volumes in the series, which will soon appear, are announced as follows: —

III. Sea Air and Sea Bathing. By William S. Forbes, M. D. IV.

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The Summer and its Diseases. By James C. Wilson, M. D. V. Eyesight, and how to care for It. By George C. Harlan, M. D. VI. The Throat and the Voice. By J. Solis Cohen, M. D. VII. The Winter and its Dangers. By Hamilton Osgood, M. D. VIII. The Mouth and the Teeth. By J. W. White, M. D., D. D. S. IX. Our Homes. By Henry Hartshorne, M. D. X. The Skin in Health and Disease. By L. D. Bulkley, M. D. XI. Brain Work and Overwork. By H. C. Wood, Jr., M. D.

CHART OF THE MORE IMPORTANT SKIN DISEASES. By T. S. Hoyne, M. D. Chicago.

The tabular arrangement is particularly adapted to conveying information with regard to skin diseases, and this chart will be found very convenient for that purpose, arranging it under the headings of class, diseases, parts of body, diagnostic features, causation, treatment, concomitants. We would suggest to Dr. Hoyne that when he gets out another edition, he put it into octavo book form. This can be done very easily by dividing the tables and letting them run across two pages. The present size, 15 x 27 inches, is too unwieldy for comfortable use.

ELECTRICITY AS RELATED TO MEDICINE AND SURGERY. By Dr. A. D. Rockwell. New York: Wm. Wood & Co. $1 00.

This little book of one hundred pages will answer very nicely as a text-book for those who have not time to spend over the larger and more exhaustive treatises. It gives a clear and concise view of the whole subject, and is plentifully illustrated.

THE TRUE RELATION OF THE SEXES. By the late John Ware, M. D. Boston: A. Williams & Co. 25 cents.

Our older physicians do not need to be told what kind of a writer John Ware was, and our younger ones can get some idea from this little book, which, in most graceful English, treats in a masterly way of the delicate subject of the evils of masturbation and more open licentiousness. It is popularly written for young men, and can safely be recommended to them.

ESSENTIALS OF DIET. By the late E. H. Ruddock, M. D. Second edition. With corrections and additions by E. B. Shuldam, M. D. London: The Homœopathic Publishing Co. 1879.

Probably Dr. Ruddock's books have had a far greater circulation than those of any other homœopathic writer. He was acknowledged by all

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to be a very able man. While it could hardly be expected that all could agree on such a wide subject as diet, and while many might take exceptions to some points in this book, yet there is very much to interest and instruct in this very important subject, often, indeed, more important than medicine. We heartily commend its perusal.

FRERICHS ON THE LIVER. Vol. III. New York: Wm. Wood & Co. 1879.

The first two volumes of this work we have already favorably noticed. Volume III. is equally instructive. It is illustrated with thirty woodcuts and a full-page plate containing twenty figures. Among the subjects treated of are hydatids, simple cysts, cancer, diseases of the hepatic blood vessels and of the biliary passages, gall stones, etc. The whole work is a standard one, and very interesting.

THE ART OF SINGING. By Prof. Ferdinand Lieber. Translated from the German by Dr. F. Seeger. New York: Wm. A. Pond & Co.

Not being sufficiently well posted in the science of music to speak *ex cathedra* on the merits of this book, we inquired of our friend, Prof. E. B. Oliver, of this city, who is a most thorough musician in every sense of the word, and have his authority for saying that this book of Lieber's can be recommended as very reliable; particularly because Lieber believes in thoroughness, and abhors the sham superficiality which prompts many teachers to allow their pupils after a few cheap lessons to try to make a display of themselves in parlors or concert-rooms. He pays special attention to the formation of the voice. Dr. Seeger has done the musical public a great service in translating this book. He has prefixed an interesting chapter on the Hygiene of the Voice.

THE PIEDMONT AND MOUNTAIN REGIONS OF NORTHEAST GEORGIA.

This is an interesting description by Dr. H. P. Gatchell, of Atlanta, of the climate, humidity, temperature, and agricultural resources of this pleasant and healthful country. Dr. Gatchell has also written for the GAZETTE and forwarded to us a valuable article on the Climatology of Consumption, which we expect to give to our readers at an early day.

THE LAWS OF THERAPEUTICS. By Joseph Kidd, M. D., of London. Philadelphia: Lindsay & Blakiston, 1879. $1.25.

We shall notice this book in our next issue.

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Personal.

W. W. Gleason, M. D., has removed from Malden to Provincetown.

Drs. Wm. P. Wesselhoeft and J. B. Bell sailed for Europe, May 31.

C. H. Sargent, M. D., B. U. S. M., 1879, has located at North Grosvenordale, Conn.

Clara E. Aldrich, M. D., same class, has located in Portsmouth, O.

Dr. Henry C. Angell's Diseases of the Eye has been translated into French by Dr. DeKeersmaecker.

W. S. Searle, M. D., of Brooklyn, will be at at the Grand Union Hotel, Saratoga, during July and August.

J. H. Gallinger, M. D., of Concord, N. H., for some time president of the New Hampshire Homœopathic Medical Society, was chosen president of the New Hampshire Senate on its organization, June 3.

C. E. Stark, M. D., of the class of '78, New York Homœopathic College, and who afterwards served one year as resident surgeon at the Ward's Island Homœopathic Hospital, has located at 30 Union Street, Norwich, Conn.

J. K. Warren, M. D., of Palmer, Mass., sailed for Europe, April 19, for the purpose of studying surgery, which he intends to make his specialty. Our readers will be pleased to learn that he has promised to write letters to the Gazette during his residence abroad.

Died. — At Fairfield, Conn., April 24, Jeremiah T. Denison, A. M., M. D., 73 years.

May 21, of meningitis, Mamie, eldest daughter of Dr. J. W. Dowling, of New York City, 11 years, 6 months.

The death is announced at Paris of the celebrated physician, Pierre Adolphe Piorry, who, after Laennec discovered the art of auscultation in disease, added the valuable means of diagnosis of mediate percussion. Piorry was born at Poitiers, Dec. 31, 1794, and began the study of medicine when he was sixteen years of age. He was conscripted, and went with the French army to Spain as a surgeon. He returned to Paris in 1814, received his degree as doctor in 1816, and attached himself to the school of Broussais. He afterwards followed the teachings of Magendie. He wrote many monographs and articles for medical journals, and, in 1833, began to gather materials for his treatise on the alterations of the blood. Laennec, who had published his researches on auscultation, in 1819, noticed Piorry in his service at La Charité and became interested in him. Soon afterwards Piorry conceived a new mode of percussion, which he called mediate percussion, practised by means of the pleximeter. He wrote a treatise on the subject, for which the Academy of Sciences awarded him, in 1828, the Montyon prize. His doctrines made him many adversaries. Piorry was made a member of the French Academy of Medicine in 1818, clinical professor at La Faculté in 1840, at La Charité in 1846, and at the Hôtel Dieu in 1864. He was created Chevalier of the Legion of Honor in 1838, and was promoted to be an officer in 1866. In addition to his medical writings he published a number of poems.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 8. AUGUST, 1879. VOL. XIV.

CONSTIPATION.

BY C. WESSELHOEFT, M. D., BOSTON.

(*Continued from page* 121.)

BESIDES laxatives and enemas, the question of food disturbs the happiness of constipated persons. They cast about continually for something that will loosen, and their minds, stocked with imperfect knowledge of the nature of food, are disturbed by misty scraps on the physiology of digestion, and racked, day by day and week by week, by vain exertions to discover a pabulum which will insure the only true blissful state.

This faulty selection of food often renders cases obstinate and permanent. Patients are controlled by superstitious notions on various points pertaining to their diet. Precisely as poultices are divided by people into "drawing" and "scattering," so also is food classified into "binding" and "loosening." As usual, the actual order of nature is reversed in the application of such notions. Thus, milk, water, broths, meats, together with light and digestible cereal preparations are "binding," while "coarse food," such as cracked wheat, figs, corn meal, oat meal, and fruit are considered by the popular verdict as "loosening."

The truth is, that easily assimilable food, like milk, properly cooked farinaceous food, eggs, and properly roasted meats, including gruels, porridges, and soups, leave less residue when digested and tax the digestive apparatus very little. But articles of coarse food demand an extra exertion on the part of the constipated invalid to digest them. Much strength is thus consumed, the patient feels weaker after a coarse meal, and, worst of all, has a large accumulation of indigestible and undigested bran and

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fibrous matter to get rid of, which finally passes in the form of small, dry scybalæ. In young children and aged persons that kind of coarse food frequently causes dry accumulations in the rectum, which have to be removed by means of a spatula, spoon-handle, or the fingers. At other times, "coarse" food will produce a more advanced stage of intestinal irritation, and result at once in copious diarrhœa, which, at first hailed with joy, soon turns the mind to disappointment; for looseness of the bowels, whether produced by a cold, indigestible food, or laxative medicine, is almost invariably followed by a period of inactivity of the intestines, corresponding to the severity and duration of the looseness which preceded it.

Without intending to exhaust all the possibilities leading to constipated habit, there is one more which deserves a passing notice, and that is overeating. Persons of ordinarily vigorous constitution and good digestive powers will be apt to be troubled with constipation when they take more food than they require; in those of more feeble powers, periodical attacks of diarrhœa are apt to be the result. Persons of constipated habit are often suprised to find that an abundance of fruit, like prunes, strawberries, or apples, does not accelerate the activity of the bowels. This is a matter of fact; its explanation is not easy, but may be said to arise from a want of susceptibility of the mucous surface on the one hand, and lessened peristaltic energy on the other, the diminution of strength being due to overtaxed energy by surplus of food.

The treatment of these forms of constipation is a matter which involves much care and patience. To cast off such sufferers with the assurance that there is little the matter, and with the advice to use injections, coarse food, or some of the laxatives abundantly supplied by popular medicine-venders, is neither just to the patient nor to the physician. Troublesome as this class of patients may seem, the physician should remember that they are really suffering from a disturbance either of the nervous system, which deranges the functions of the digestive tract, or *vice versa;* in each case resulting in much actual discomfort.

The management of such cases may be divided, *first*, into the hygienic and dietetic; *second*, medicinal. I am not aware that, in regard to hygiene and diet, any great difference can be made in

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the treatment of constitutional and chronic acquired cases. Our first duty will be gently to dissuade the patient from the abuse of self-treatment, like that described. The greatest difficulty will be encountered in doing away with the injection pipe, because those habituated to its use, and who never have allowed themselves to have a fæcal discharge without it, cannot at first be persuaded to put it aside for fear of danger, even of death.

This popular notion that the fæcal contents of the bowels cannot be retained but a short time without extreme peril, is not peculiar to laymen, but is largely shared by the doctors, who have inherited the idea from their ancestors in the profession. "How long can a person live without a discharge from the bowels?" is a question often asked by patients. The answer that absence of defecation for twelve or twenty days would not produce any serious danger nor even great discomfort fills them with distrust. It will, therefore, be better to gradually lengthen the intervals between injections; thus they will gain confidence and pave the way to a permanent cure.

The habit of taking laxatives is easily broken off, as well as that of depending on improper food. With regard to that, we should find out how much our patients eat, at what intervals they take food, and of what kind.

With regard to quantity, the appetite will assist in determining this point. As a rule, patients will not eat too much unless it is from a sense of duty. The time is of equal importance. When we consider that about six or eight hours are required for the digestion of an ordinary meal, we shall readily perceive that eating at variable fractions of such lengths of time must disturb a function which acts with great regularity, very much as a watch, wound up at variable periods of expansion of its spring, will run with no great degree of reliability. Hence, we should insist on our patients eating at stated times, between waking hours. They should not allow themselves, as many do, to fast from breakfast-time till late in the afternoon or evening, with the mind intensely occupied during business hours. Some endure it, but none profit by it.

If the habit has been to eat coarse food, such as unbolted wheat, Indian or rye, which are very good for healthy, active persons, a constipated dyspeptic should make use of flour-bread,

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plain roasted meats, well-boiled vegetables, and carefully prepared farinaceous food. The ability to digest fat is generally deficient in such persons, especially fat as contained in fried food, such as fried meats or farinaceous viands, *e. g.*, pastry. Fat combined with sugar is equally useless in such cases; but it must not be thought that fat is to be discarded altogether.

When we consider that persons accustomed to earn their living by physical labor out of doors are rarely troubled with constipation, we should derive therefrom a useful suggestion regarding the hygienic management of cases of habitual costiveness.

Among the various forms of exercise, that of walking is the most acceptable. But most persons walk more or less; if only exceptionally, then regularity in this mode of exercise should be enjoined. Still, this does not reach those organs upon which muscular pressure is most needed. Among the great number of persons who have no occasion to exert their muscles in their vocation, exercise of brachial, thoracic, dorsal, and abdominal muscles is sadly needed. Women suffer in this respect more than men, and it is here that a methodical use of the muscles of the upper limbs and trunk should be recommended; it is actually impossible to restore permanently regular action of the bowels without such exercise. Those who can do all their domestic work will find sufficient exercise in it; but that is drudgery, not pleasure, and hence those who are not obliged to toil have a great advantage in being able to select modes of exercise which combine pleasure and exhilaration with usefulness. Horseback riding is excellent, so is rowing. An hour spent every day in a gymnasium at weights, parallel and horizontal bars, would in the course of a few weeks or months produce a marked change for the better in cases of costive habit. Exercise which necessitates stooping and lifting is especially adapted to our purpose, as this brings dorsal and abdominal muscles into play, besides those of the upper and lower limbs. As before remarked, the abdominal viscera require pressure to insure a healthy performance of their function. The acceleration of the current of blood in hemorrhoidal and mesenteric veins is certainly improved by such exercise; the blood is returned to the heart through the portal vein more rapidly, and more readily receives its contribution of venous blood from the liver, and is then backed by more

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energetic action of the heart and arteries, where, perhaps, for years no sufficient impulse had been given. The human body is adapted to the struggle for existence, that is, to earn its living by physical exertion, in the normal state. Those who have arrived at a condition in which bodily work is no longer demanded, should, for the sake of health, substitute some form of gymnastics. Boys and young men naturally obtain more of this than girls, in whose bodily training that element is too often left out.

Having corrected such dietetic and hygienic errors of living, many cases of habitual constipation will give place to a normal action. Patients expect this to occur at once after beginning treatment, and, disappointed at the absence of an immediate result, are too apt to give up in despair, or to resort to their accustomed habits. Whenever a patient will persist in correct habits of living, good results will not fail to appear, even without medicine, in a few weeks or months.

But supposing all errors to have been avoided, and the patient steadfast without much improvement, it will then be time to resort to medicines; such cases are by no means uncommon, and are those in which actual therapeutic aid is required. The period of probation before the use of medicines is an essential feature in good homœopathic practice: from it we learn what was and what was not due to medicine, and what we should endeavor to relieve by it.

In the following I purpose to note briefly certain indications for some metals, which habit and routine have largely excluded from use in the class of cases I have endeavored to sketch. The mental state in connection with that of the digestive organs, and particularly the function of the large intestine, will constitute the basis of the following indications. For the sources the reader is referred to Allen's Encyclopædia and Jahr's "Symptomen Codex."

Ferrum met. — Irritable temper with depression of spirits. Rush of blood to the head with flushes of heat in the face. The latter is a clinical symptom, but often verified in practice. Pallor and sallowness, with haggard features and sunken eyes, are not only clinically verified, but pathogenetic effects of iron in various forms; it is also a condition not seldom encountered in

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dyspeptics who were addicted to masturbation, and who are, as a rule, sufferers from costiveness and constipation. There is in such cases loss of appetite, meat disagrees, and there are eructations after eating, also regurgitation of food without nausea. As a rule, there is fulness of the epigastrium, and much rumbling of flatulence. Costiveness is a primary effect of iron, the fæces are dry, and finally obstinate constipation occurs. Stools greenish.

Antimonium crudum has among its pathogenetic effects applicable to the disorder here considered, chiefly the following: suicidal despondency, anxiousness of mind, and sensitiveness to sounds, frontal headache and heaviness, dizziness on ascending stairs, tongue coated white, complete loss of appetite, gulping of fluid, tasting of ingesta, nausea, and even vomiting. The latter, though a prominent symptom of *Antimonium cr.*, is not likely to occur in chronic costiveness. Much more common will be distension of the abdomen, rumbling of flatus, and especially much flatus after eating. Very difficult hard stool, usually with straining in the rectum. Varices of the rectum and also discharge of mucus and dark blood.

Although diarrhœa is produced first, constipation of a severe kind follows. Crude antimony is also indicated in hemorrhoids discharging mucus and blood, especially when stools are accompanied by severe tenesmus.

Stannum. — This metal presents the following mental symptoms to be regarded in cases of costive habit: loss of will and energy, dilatoriness, restlessness, and also silent moroseness. The taste in the mouth is bitter or sour, also bitter taste of food and drink, excepting water; the tongue has yellow coating upon it, sour eructations; pensive, anxious; pressure in stomach (in the forenoon), and even soup causes discomfort. The gastric disturbance and distension are accompanied by hunger, constipation, tenesmus; frequent discharge of small quantities of fæces, sometimes only mucus, soon followed by desire to evacuate. (Costiveness in nursing women and in children.) Stools, though not very hard, are difficult to discharge, as if from powerlessness of the bowels; dry stools, consisting of round lumps, or formed too thick; discharge of a tough, hard piece with straining; stools are too compact, but seem slippery without actually being so.

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Plumbum. — This is unquestionably a great remedy in certain forms of constipation. When we consider the morbid state of histological elements, as produced by lead, we are enabled to form an adequate idea of the conditions which that metal will cure. Paralysis of the extensor muscles, which are powerless, with most probable paralysis of the longitudinal muscles of the intestines, while the circular fibres are in a state of tonic constriction (painful), all serve to illustrate the class of symptoms to which lead is applicable as a remedy.

The hypochondriacal mental symptoms of lead apply to many persons of costive habit. Melancholia, which may be profound (in cases of insanity with comatose state and complete obtuseness of all senses); anxiousness of an extraordinary degree. The stools resemble sheep's dung, and are of blackish or green color; in other cases they are ashy gray. The stools may be merely irregular, or they may occur every other day, or only once in ten days or a fortnight. No flatus is passed in cases of constipation in which lead is likely to give relief, and there may be frequent attacks of paroxysmal colic in such cases of costive habit.

The form of mental disease which is caused by lead, and the peculiarly obstinate constipation or costiveness induced by that metal, renders it one of the most important remedies in cases of insanity, of which constipation is almost an invariable accompaniment.

I will add that the above extracts were taken both from Jahr's "Symptomen Codex," and Allen's work, the latter serving chiefly as a check upon the former.

ALBUMINURIA.

BY E. U. JONES, M. D., TAUNTON, MASS.

[*Read before the Mass. Hom. Med. Soc., April* 9, 1879.]

March 15, 1879. — I was called to the following case of Mattie D——, aged two years and eight months.

She had been failing for two months previously in her general health, becoming thin and weak, with loss of appetite, rather scanty urine compared with the amount that she had been accus-

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tomed to pass, a constant tired feeling, and a greatly increased irritability. Lately, she has been sick at the stomach every morning, with gagging and occasional vomiting. Food does not now remain long on the stomach, and though she has considerable thirst, yet drinks seem to distress her, and are soon vomited. Her complexion is very white, and she looks anæmic. The bowels are very regular in their action, and the tongue is not much coated. The pulse does not give any information. Heart and lungs in good order, though there is a slight hacking cough occasionally. Temperament nervous, constitution scrofulous, the eyes being blue and the hair inclined to red. She has been accustomed to eat a great deal of meat, taking it always twice, if not three times daily. The morning vomiting is mostly of mucus; the vomiting during the day, of the ingesta, mixed with mucus. ℞. *Arsenicum*[6].

March 17. — Slept well last night until midnight, when she commenced vomiting, which continued till 3 o'clock A. M. An examination of the urine showed a deposit of about 1-6 albumen, and there was some tenderness over the right kidney. The symptoms, which had rather puzzled me to account for satisfactorily, now seemed perfectly natural in this new light. In the latter part of the day she had decided access of fever, and looked very sick, though she insisted on being dressed and being held in the lap. ℞. *Arsenicum*[6] *and Apis*[3].

March 18. — No essential change. ℞. *Arsenicum*[6], *Berberis*[1].

March 19. — Has vomited less, but had a very restless night after midnight. Amount of albumen the same; specific gravity of the urine, 1020, with the appearance of much mucus in it. She refuses nourishment, and complains of some pain in the bowels. Continue same medicines.

March 20. — Passed a much better night, with much less apparent fever. The albumen in the urine is notably lessened, and all the appearances are better. Same medicines.

March 21. — The best night that she has had, and passed without vomiting. The albumen continues to decrease; pulse 80–90, and some appetite; a little pain in the bowels. Same medicines.

March 22. — Did not rest quite so well last night, and moaned considerably in her sleep. The appetite remains good, without

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vomiting, but the urine is more scanty, and shows a slight increase of albumen; light evidently hurts the eyes; the eyelids are puffy, and the features are scowled. The parents think that there is improvement over yesterday, but it rather appears that there has been no gain, to say the least, and an indefinable dread leads me to give *Apocynum.*

Was taken in convulsions about 7 o'clock P. M., which did not cease till death, at 10.15 P. M. During the convulsions, the urine was very copious.

This case had been perfectly well up to the time of her commencing failure, about two months previous; had had no scarlatina, or other disease which would predispose her to any disease of the kidneys, and no possible cause can be assigned for the attack. An unsatisfactory microscopical examination was made at the third visit, but what results were reached pointed to Morbus Brightii. Are there other instances of a primary attack of this disease (not as a sequela of other disease), in a child so young? Or, if not Morbus Brightii, what was it?

LACTOPEPTINE.

In the early part of the present year we received a package of lactopeptine from the New York Pharmacal Association, asking us to give it a trial, and report its results. As it may interest those who have never used this agent in their practice, we answer through the "Clinic." We have given it a full and fair trial, both in private practice and in the hospital department of our asylum, which is under our medical care. As a digestive, it comes nearer the gastric juice (particularly when combined with a little extra hydrochloric acid) than anything we have ever used. Its formula shows it to be a strictly scientific preparation. Dyspeptics are generally greatly benefited by its use. In vomiting in pregnancy it has relieved three fourths of the cases in which we have tried it, and in cholera infantum (chronic) it has been of inestimable service in our hands. — *The Southern Clinic, Richmond, Va.*

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, AUGUST, 1879.

IN some parts of Germany physicians are not permitted to dispense medicines when there is an apothecary in the place to do it for them. We learn that three homœopathic physicians were practising in Regensburg, when an apothecary of the same belief came among them, and notified them to send their prescriptions to him. Two of them refused, and were brought before the court and fined about $5. The case was carried to a higher court, where the learned judge, desirous of distinguishing himself, and daring to be a Solomon, conceived the brilliant idea of settling the whole question in dispute by sending the medicines (pellets) to the University of Erlangen for chemical analysis. The chemists of the university failed to find anything in them of a medicinal or poisonous nature, and so reported, whereupon the judge reversed the decision of the lower court, and declared that there was no law that prevented physicians from distributing sugar-plums (*Zuckerwaaren*) as freely as they chose.

On reading this judge's remarkable decision, there was only one thing we could think of, and that was a story which we had immoderately laughed over twenty years ago. It is so good, and is, moreover, such a fitting commentary on the above, that we offer no apology for quoting it, although our readers are (or ought certainly to be) familiar with it.

Washington Irving, in his "Knickerbocker's History of New York," before telling the story, fills several pages in describing, in his droll, inimitable way, the person, habits, and mental characteristics of the renowned Wouter Van Twiller, — five feet six inches in height, and six feet five inches in circumference, — who was descended from a long line of Dutch burgomasters, who had successively dozed away their lives and grown fat upon the bench of magistracy in Rotterdam. "There are two opposite ways by which some men make a figure in the world; one by talking faster than they think, and the other by holding their tongues and not thinking at all. By the first, many a smatterer acquires the reputation of a man of quick parts; by the other, many a dunderpate, like the owl, the stupidest of birds, comes to be considered the very type of wisdom. This, by the way, is a casual remark, which I would not for the universe have it thought I apply to Governor Van Twiller. It is true he was a man shut up within himself, like an

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oyster, and rarely spoke except in monosyllables, but then it was allowed he seldom said a foolish thing. . . . In his council he presided with great state and solemnity. He sat in a huge chair of solid oak, . . . and instead of a sceptre, he swayed a long, Turkish pipe, wrought with jasmin and amber. . . . The very outset of the career of this excellent magistrate was distinguished by an example of legal acumen, that gave flattering presage of a wise and equitable administration. The morning after he had been installed in office, and at the moment that he was making his breakfast from a prodigious earthen dish, filled with milk and Indian pudding, he was interrupted by the appearance of Wandle Schoonhoven, a very important old burgher of New Amsterdam, who complained bitterly of one Barent Bleecker, inasmuch as he refused to come to a settlement of accounts, seeing that there was a heavy balance in favor of the said Wandle. . . . The two parties being confronted before him, each produced a book of accounts, written in a language and character that would have. puzzled any but a high Dutch commentator, or a learned decipherer of Egyptian obelisks. The sage Wouter took them, one after the other, and having poised them in his hands, and attentively counted over the number of leaves, fell straightway into a very great doubt, and smoked for half an hour without saying a word. At length, laying his finger beside his nose, and shutting his eyes for a moment, with the air of a man who has just caught a subtle idea by the tail, he slowly took his pipe from his mouth, puffed forth a column of tobacco-smoke, and with marvellous gravity and solemnity pronounced, that *having carefully counted over the leaves and weighed the books*, it was found that one was just as thick and as heavy as the other; therefore, it was the final opinion of the court that the accounts were equally balanced; therefore, Wandle should give Barent a receipt, and Barent should give Wandle a receipt, and the constable should pay the costs."

An imaginary friend has urged us to write, by way of criticism on the decision of the German judge, an elaborate essay on the power of imponderables, and to show that in the present very imperfect state of chemical science, many agents of unquestioned and even tremendous activity, such as the contagium of scarlet fever, small-pox, etc, utterly elude the most accurate chemical analysis, and, indeed, recognition by any means other than "by their fruits." But — waste our strength in this hot weather in sober argument with such a blockhead as this modern Wouter Van Twiller? Bah!

On the 12th, 13th, and 14th of August, a year ago, there was held at Paris, in connection with the International Universal Exposition, an

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International Homœopathic Congress, at which more than one hundred physicians were present, including representatives from England, Germany, the United States, Spain, Belgium, Brazil, Russia, etc. In the list of American names, we see those of Drs. Cameron, Campbell, Cate, Vilas, and Winslow. Dr. Léon Simon, of Paris, was chosen president, and Drs. Richard Hughes, of London, and Jousset, of Paris, vice-presidents. We have just received a copy * of the transactions of the congress, printed by the French government, in octavo form, and covering two hundred large, closely printed pages. There were thirty-two congresses held under the auspices of the Universal Exposition, embracing the subjects of architecture, hygiene, mental medicine, botany and horticulture, geology, agriculture, medical geography, etc., etc., the transactions of each of which were published by the French government. The Homœopathic Congress was No. 13 in this series. We have taken great pleasure in looking over this volume, and reading as much as our time would allow, and have already prepared for the GAZETTE a translation of the therapeutical part of a valuable paper on "Some Functional and Organic Affections of the Heart," by the well-known Dr. Meyhoffer, of Nice, which we hope soon to be able to give to our readers, as well as translations of other interesting papers.

Among the papers presented to the congress were the following: —

"On the Method of Administering Medicines in Atomistic Doses," by Dr. Frestier; "On the Choice of the Dose in Homœopathy," by Dr. Jousset; "Homœopathic Posology," by Dr. Cartier; "Seasickness," by Dr. Chapiel; "The Radical Cure of Displacements of the Womb," by Dr. Blake; "Homœopathic Vaccination," by Dr. Kaczkowski; "Homœopathic Treatment of Leucæmia in Children," by Dr. Cigliano; "Dangerous Innovations in Homœopathy," by Dr. Espanel; "The Translation into French of Foreign Works on *Materia Medica*." (Propositions were made to translate Allen's Encyclopædia, Hempel's Materia Medica, and Hering's Condensed Materia Medica.) "Results obtained at the Hahnemann Hospital, Paris," by Dr. Léon Simon; "On the Duty of Municipalities in the Doctrinal Conflict between Homœopathy and Allopathy," etc., etc. Most of these and other papers were discussed with more or less freedom.

The congress voted the erection, by subscription, of a monument at the tomb of Hahnemann. In the discussion which preceded this vote, the president, Dr. Léon Simon, and others, wanted the monument at

* Comptes Rendus Sténographiques du Congrès Internationale d'Homœopathie. Paris: Imprimerie Nationale. 1879.

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the Hospital Saint-Jacques instead of at the tomb. Measures were also taken looking to the publication of some of the posthumous productions of Hahnemann. Reports were made by Dr. Claude and others, on the condition of homœopathy in different parts of the world. On the whole, the session must have been a very interesting one, and the volume of transactions, which has been very carefully prepared by the Committee of Publication, of which Drs. Claude and Jousset were members, is a very valuable and fitting memorial.

CORRESPONDENCE.

LETTER FROM ROME, ITALY.

Dear Editor, — Thinking that some of the many readers of the GAZETTE would be interested to hear from this ancient city, I send you some of my observations on the hospitals here in Rome. They are low (one or two stories), and are built in sections or wings, with lawns or flower-gardens between, and have doors opening out upon these from both sides of the wards. The rooms are very high, and are ventilated from the top, as well as below, thus avoiding that smell which is so common to hospitals. In this warm climate, where the doors can be open most of the time, the patients enjoy not only the fragrance of flowers, but almost the freshness of the country, although in the heart of the city. The wards are pleasant and cheerful, and are models of neatness, as is every other part of the hospital. The kitchens are much cleaner than those in most of our hotels. This, I think, is due in a measure to the fact that almost the entire internal management of the hospital, with the exception of the strictly medical and surgical part, is in the hands of ladies, — a plan which I think would work well in America.

The Casalaziane Hospital, which is devoted to surgery and surgical diseases, has the finest anatomical museum I have ever seen, affording an excellent opportunity for study in that direction.

Their surgical appliances, of which they have a large assortment, and their mode of using them, differ so little from ours that I will not mention them, and their treatment of diseases in general differs but little from that of our allopathic brethren in America.

For the Roman fever, which is malarial in its origin, their chief remedy is quinine in about ten-grain doses.

They have also planted in their lawns and gardens surrounding the hospitals a great many eucalyptus-trees for the sake of their medicinal

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influence transmitted through the air. Rome to-day is as clean and well kept as any American city, and the malaria comes not from filth within but from marshes outside the city.

The physicians I have found very kind and courteous, and shall ever remember with pleasure my stay in Rome.

Yours truly,

J. K. WARREN, M. D.

SOCIETIES AND INSTITUTIONS.

AMERICAN INSTITUTE OF HOMŒOPATHY, — SESSION OF 1879.

THE scenery and historic interest of Lake George proved sufficiently attractive, notwithstanding the inaccessibility of the place, to bring together at the thirty-second session (thirty-sixth aniversary) of the American Institute of Homœopathy a much larger number than usual. The session began on Tuesday, June 24, and continued until Friday, June 27. There were four hundred and seventy persons present, of whom about one half were members. The growth of the Institute and the importance attached to it are strikingly illustrated by the fact that at the meeting of this body in Brooklyn in 1860, in immediate proximity to a large number of resident homœopathic physicians, scarcely sixty were in attendance.

FIRST DAY.

The Institute was promptly opened on Tuesday morning at 9.30 by prayer from Rev. W. S. Huntington, and the president, C. Wesselhoeft, M. D., of Boston, delivered the opening address.

THE PRESIDENT'S ADDRESS.

After alluding to the origin and progress of the Yellow Fever Commission, Dr. Wesselhoeft enlarged on the subject of organization of our medical societies, the Constitutions and By-Laws of which he cited. It appears that most of these By-Laws demand that applicants for membership shall believe in, or practise according to a certain formula, *i. e.*, "Similia similibus curantur." As this demand has been often construed to mean absolute adherence and unconditional compliance with the formula of a creed, it has frequently given rise, not only to angry dissensions, but also to questions as to who should and who should not be eligible. Dangers of such dissension suggest the

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possibility of excluding many well-wishers of our school. We cannot afford to lose a friend, though he may not yet have learned to rely fully on homœopathy, although according to the present state of most of our By-Laws, such persons should not be admitted to homœopathic societies. In order to obviate this danger, slight as it may seem, Dr. Wesselhoeft suggested that societies should lay down a plan of work, such as the proving of medicines, the application and verification of provings, collection of proofs of the efficacy of our law of cure, improvement in the methods of preparing and administering our proven medicines, etc.

Members who propose to join our societies will simply have to decide if they can assist in such work or not; but they should not in future be asked to avow their belief or faith in a creed or dogma. This should not be done, chiefly because the principles of our school do not admit of being crowded into a formula or expression of faith. The very attempt cramps and distorts them. If enforced, our societies are reduced to mere churches. If our laws are absolutely true and without exceptions, we need no societies, and formulas of faith would be only a parole or watchword whose office ceases when friend has recognized friend. If, on the other hand, our principles still require development, then a *plan of work*, as the basis for the organization of a society, is far preferable.

A copy of the address was asked for, and will appear in the Transactions of the Institute.

The general secretary, R. J. McClatchey, M. D., of Philadelphia, made a special report from the Committee of Publication, detailing the many causes which had prevented the issuing of the two volumes of transactions of the World's Convention in 1876. They are now in an advanced state of preparation, and will be ready for distribution before the close of the present year. He also presented copies of the completed volume of the transactions for 1878, which were distributed to the members present during the session.

It was a gratifying fact that the necrological report by H. D. Paine, M. D., of New York, was briefer than usual, there having been but few deaths in the large number of members, and of these not one was from New England.

The Bureau of Surgery, G. A. Hall, M. D., of Chicago, chairman, presented ten valuable papers, covering the whole subject of surgical diseases of the genito-urinary system. For the last three years, the bureau has adopted the plan of selecting as subjects for each year a single class of diseases or such as affect any set of organs. Thus, in 1877, diseases of the osseous system were considered, in 1878 tumors; and for the ensuing year, under the chairmanship of W. Schneider,

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M. D., of Cleveland, surgical diseases of the alimentary system will be the subject. If this plan is faithfully carried out, the surgical publications will be both comprehensive and valuable. Some discussion followed the presentation of these papers, but so much time had already been consumed in reading them that the discussion was meagre and limited. It was evening before the Bureau of Anatomy and Physiology, H. B. Van Norman, M. D., of Cleveland, chairman, presented its brief report. The Bureau of Psychological Medicine, T. L. Brown, M. D., of Binghamton, N. Y., reported also in the evening. This bureau has too frequently been the centre for fanciful vagaries, sometimes mingled with good ideas. In what proportion the mixture was made the present year members can best judge when the printer has done his work upon them.

SECOND DAY.

The Bureau of General Sanitary Science, Climatology, and Hygiene, B. W. James, M. D., of Philadelphia, chairman, presented one of the most thorough, careful, and scientific reports ever made to the Institute. The papers of E. U. Jones, M. D., of Taunton, Mass., on Ventilation of our Houses, and of D. W. Beckwith, M. D., of Cleveland, on Drainage, illustrated with drawings, and treated in a masterly manner, were two subjects of the greatest importance to the community, which should go not only to the members of the Institute, but to the public generally. The discussion of these subjects was the best of the session.

In accordance with the vote of last year, the various homœopathic colleges presented a report with the names of those who have graduated during the year, which in the eleven colleges number about four hundred.

The Bureau of Microscopy and Histology, C. P. Alling, M. D., of Bradford, Pa., chairman, presented several papers, the most remarkable of which was that by J. Edwards Smith, M. D., of Cleveland. His investigations during the past year have been very thorough and with the most elaborate instruments, in revision or continuation of the researches made by C. Wesselhoeft, M. D., on the divisibility of gold, a summary of which Dr. Wesselhoeft gave to the Institute at Put-in-Bay last year. Although undertaken for the purpose of disproving certain of Dr. Wesselhoeft's observations, the result was a complete confirmation of them. From the conclusions of these two able observers it appears that whatever may be the pathogenetic or therapeutic effect of gold in the so-called high attenuations, the microscope proves that its divisibility is comparatively limited, not extending above the lower attenuations.

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The Bureau of Materia Medica, J. P. Dake, M. D., of Nashville, chairman, gave some vigorous papers, among which were those of the chairman, C. Wesselhoeft, M. D., Lewis Sherman, M. D., and W. L. Breyfogle, M. D. The latter attacked in a forcible manner the fantasies of those who carry their potencies into the millionths, the methods by which they obtain these so-called potencies, and the dogmatic and irritable manner in which they claim solely for themselves the valuable results of homœopathic medicine.

THIRD DAY.

The Bureau of Clinical Medicine, C. Pearson, M. D., of Washington, chairman, presented several valuable papers, among which was one on Clinical Thermometry by N. F. Cooke, M. D., of Chicago. He claims for the thermometer great diagnostic power in certain diseases, and so described a case by his thermometric observations alone, that several accustomed to the use of the thermometer were able to tell the precise nature of the disease.

The Bureau of Obstetrics, J. C. Sanders, M. D., of Cleveland, chairman, and the Bureau of Gynæcology, of which the chairman, S. S. Lungren, M. D., was absent, both had important papers. They did not, however, occupy so much of the time of the Institute as they have on previous occasions.

FOURTH DAY.

On Friday the Bureaus of Pædology, L. E. Ober, M. D., of Lacrosse, chairman, Ophthalmology and Otology, W. A. Phillips, M. D., of Cleveland, chairman, and Organization, Registration, and Statistics, I. T. Talbot, M. D., of Boston, chairman, presented their several reports, and after transacting the necessary miscellaneous business, the Institute adjourned at 1.30 P. M. to meet at Milwaukee on the second Tuesday of June, 1880.

THE ACCOMMODATIONS.

There are certain advantages in gathering all the members and holding all the meetings of the session under a single roof, as has been done for the past five years, with the exception of the World's Convention held in Philadelphia in 1876. Members are brought into such close and continuous relationship through the whole time that the object of the meeting, the acquaintance of members, and the discussion of all matters pertaining to the welfare of our school, are attained in a manner impossible when the meeting is held in a large city where those in attendance are often widely scattered, and during a great part of the time practically inaccessible to each other. The

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Fort William Henry Hotel proved sufficiently capacious and furnished many comforts, while the thoughtful attentions of J. W. Dowling, M. D., of New York, whose summer residence is near the hotel, were extended to all. His house was open day and evening for all who chose to partake of its hospitalities.

THE FESTIVITIES.

It would be impossible to bring together two or three hundred physicians, relieved for the time from professional anxieties, without an inevitable "good time." So, whether assembled in the hall of meeting, on the spacious verandas, or in the dining-hall, it would be difficult to find a happier or more jolly set of faces. Each meal was, in its social character, to some extent a banquet, yet on Thursday, at 4 P. M., a more formal affair under this name was prepared. A bill of fare, a dozen courses more or less, music, speeches better than usual, followed by a grand hop, contributed to the pleasure of old as well as young.

EXCURSIONS.

The hotel itself occupies the site of Fort William Henry, and but a short distance from it are the ruins of old Fort George. Prospect Mountain, easily accessible, was visited by large numbers, who were amply repaid for their trip by the magnificent view, which includes the Adirondacks, Green and White Mountains, with many rivers and lakes. Daily the little steamers and row-boats plied upon the lake, and on Wednesday evening the fine steamer "Horicon" took the whole company to Roger's Rock at the lower end of Lake George and back, a distance of sixty miles, reaching the hotel at about ten o'clock.

ELECTION OF OFFICERS.

It was easy to see, as soon as members began to assemble, that politics were in the air. This and that candidate were earnestly canvassed for, and before the time of election arrived, many of the members were so disgusted that they longed for "the black horse" to rise and carry off the honors some few were striving to gain. But after the excitement of the moment had passed away and the final ballots had been cast, good feeling still reigned.

The following were elected officers for 1880:—

President, Dr. T. P. Wilson of Cincinnati. *Vice-President*, Dr. Geo. A. Hall of Chicago. *General Secretary*, Dr. J. C. Burgher of Pittsburgh. *Provisional Secretary*, Dr. J. H. McClelland of Pittsburgh. *Treasurer*, Dr. E. M. Kellogg of New York. *Board of Censors*, Drs. F. R. McManus of Baltimore, R. B. Rush of Salem, O., D. S. Smith of Chicago, O. B. Gause of Philadelphia, and Lewis Sherman of Milwaukee.

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SENIORS.

All who were original members of the Institute at its formation in 1844 were, some years ago, constituted seniors, and exempted from all dues. To these from year to year have been added those who for twenty-five consecutive years have maintained their membership Of these twenty-four assembled at Lake George, and it was an impressive sight to see so large a number, who, for a quarter of a century and upwards, had stood shoulder to shoulder in sustaining the American Institute of Homœopathy. This year they organized by the election of that veteran, F. R. McManus, M. D., of Baltimore, as chairman, and H. D. Paine, M. D., of New York, as permanent secretary. They earnestly discussed what they could do for the benefit of our cause, for which age has not lessened their enthusiasm. Measures were taken to provide for the necessities of the aged sister of Dr. Gram, the pioneer of homœopathy in America.

We have not space to speak of the sectional meetings of the various bureaus, of the inter-collegiate congress, nor of the American Homœopathic Ophthalmological and Otological Society, which occupied all the spare moments of the four days. The results of these extra meetings will appear in the transactions. But this we may safely say, that the Institute has never done so much work or accomplished so much good as at the meeting at Lake George in June, 1879.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

[*Reported by C. S. Hoag, M. D., Secretary.*]

THE twenty-ninth annual meeting of this society was held in the State House, Montpelier, June 10 and 11, 1879. The president, H. W. Hamilton, M. D., of Fairfax, being absent, W. A. Donaldson, M. D., of Lyndonville, was appointed president *pro tem.* C. S. Hoag, M. D., of Waterbury, was appointed secretary *pro tem.* The report of the censors was read by Dr. H. C. Brigham, chairman, after which the following officers were elected: —

President, H. C. Brigham, M. D., Montpelier. *Vice President*, W. A. Donaldson, M. D., of Lyndonville. *Secretary*, C. S. Hoag, M. D., Waterbury. *Treasurer*, W. B. Mayo, M. D., Northfield. *Censors*, J. H. Jones, M. D., Bradford; C. H. Chamberlin, M. D., Barre; G. E. E. Sparhawk, M. D., Burlington. *Auditors*, N. H. Thomas, M. D., Stowe; Henry Tucker, M. D., Brattleboro'. The next in order being the election of new members, M. L. Powers, M. D., of Richmond, and E. B. Squire, M. D., of Lyndonville, were duly voted in. It being voted to defer the discussion of the several

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bureaus until the second day, the president declared the meeting open for general discussion, reports of cases, etc.

Dr. J. H. Jones reported several very interesting cases of gall stones, exhibiting some remarkable specimens of the calculi passed after the use of *China rubrum*, which preparation he prefers to the *China officinale* in these cases. Other cases were presented and discussed by Drs. Brigham, Donaldson, Chamberlin, Sparhawk, Hoag, and others. Before adjourning until the next day, the president appointed the following delegates: —

To the American Institute: Drs. G. E. E. Sparhawk and C. S. Hoag; to the N. H. State Society, Dr J. H. Jones, Bradford; to Mass. State Society, Dr. Henry Tucker, Brattleboro'; to New York State Society, Dr. G. E. E. Sparhawk, Burlington.

JUNE 11, 9 A. M.

Meeting was called to order, the president, H. C. Brigham, M. D., in the chair. The sad news having reached the society of the death of one of its young and active members, the following preamble and resolutions were unanimously adopted: —

Whereas, it has pleased the Divine Providence to remove Dr. Warren H. Hamilton from our midst, a young physician of great promise, a constant worker, and a stanch supporter of our principles, a man in whom the community in which he lived confided, a man whose zeal for the progress of homœopathy was tempered by a sound judgment and quick perception: Therefore, *Resolved*, That we tender to his wife and parents our heartfelt sympathy in this their great bereavement; and while we feel the great loss the profession, our society, and the community in which he lived sustain, we consider the loss to his family irreparable. *Resolved*, That a copy of the above resolutions be forwarded to his family, and that this be spread upon the records of this society.

G. E. E. SPARHAWK,
N. H. THOMAS,
S. H. SPARHAWK,
} *Committee.*

The remainder of the session was occupied with the discussion of the regular bureaus. Under the Bureau of Materia Medica, Dr. C. H. Chamberlin related his experience during an accidental proving of the "bee-sting," which nearly cost him his life, and from which he did not recover for more than six months. During the whole time the least irritation of the skin would produce blotches like a bee-sting. He had a sore, tired feeling all over, and could endure very little. The whole terminated in an attack similar to rheumatic fever, with marked endo-pericarditis. Since that time he has been entirely well.

Dr. Chamberlin kindly consented, at the request of the society, to furnish the Committee on Publication with a full report of his proving. Dr. Whittaker asked him what remedies he found most useful in antidoting the bee-sting. He stated that *Ledum* was the first remedy that gave him any relief, and he considered it the best antidote. Many

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other reports and interesting discussions were listened to, among which was a lecture by G. E. E. Sparhawk, M. D., of Burlington, on the most common diseases of women. He recommended the use of medicated tents in endo-cervicitis and dysmenorrhœa. He stated that *Ustilago Maydis* had been used by him in many cases, and advised the members of the society to study it in connection with such diseases. He also reported the most happy results in the treatment of prolapsus from *rest* and *position* after active exercise. He always advised his patients with prolapsus to take considerable exercise, but to lie down immediately afterwards *with the hips elevated*, and remain in that position for thirty or forty minutes each time after walking.

The society voted to change the time of the annual meeting from June to October. The following are the bureaus as appointed by the president: *Materia Medica*, Drs. T. R. Waugh, St. Albans; J. H. Jones, Bradford; A. A. Arthur, Vergennes. *Psychological Medicine*, Drs. Chas. Woodhouse, Rutland; H. W. Hamilton, Fairfax; M. D. Smith, Addison. *Clinical Medicine*, Drs. C. H. Chamberlin, Barre; G. E. E. Sparhawk, Burlington; J. M. Sanborn, East Hardwick. *Obstetrics and Diseases of Women and Children*, Drs. S. H. Sparhawk, Gaysville; James Haylitt, Moretown; J. M. Van Dewson, Waitsfield. *Surgery*, Drs. C. S. Hoag, Waterbury; Henry Tucker, Brattleboro'; F. W. Halsey, Middlebury. *High Potencies*, Drs. E. B. Whittaker, Hinesburg; N. H. Thomas, Stowe; A. E. Horton, East Poultney. The society then adjourned until the semi-annual meeting in January, at White River Junction.

We cordially invite all homœopathic physicians in the State and vicinity, whether members or not, to be present, and contribute to make it an interesting meeting.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

[*Reported by M. P. Wheeler, M. D., Secretary.*]

MAY 8, 1879. Dr. J. H. Sherman read a paper on "Eczema, Its Varieties, Diagnosis, Pathology, and Treatment." When on the latter topic he said:—

"The all-important thing to be remembered in the treatment of eczema is to avoid irritating applications, especially in the acute stage of the disease. All applications should be of a soothing nature. In those forms of eczema excited by local irritants it will be sufficient to avoid them. In cases where the disorder depends upon perverted or deficient renal action, the proper homœopathic similium must be selected, and *cantharis*, *opium*, and *digitalis* may be considered. Should the disease seem to be the result of retained bile products, then *mercurius*, *podophyllin*, and *leptandrin* may become the proper remedies. In those

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cases dependent on cardiac disease, the remedy must be selected that corresponds to the heart symptoms, and *digitalis* will often be of service. *Aconite* should not be forgotten in the acute stage of eczema, especially in those cases characterized by inflammatory fever. In the chronic stage, *arsenicum* is a remedy of well-deserved repute, especially where there is much scaliness present. Vapor and sponge baths are appropriate in any stage, but more particularly in the chronic In chronic eczema with inflammatory thickening, the so-called soap treatment of Hebra is useful. Apply with a piece of flannel, rubbing the soft soap into the eczematous patch until soreness is produced ; then dress with glycero-petroleum spread upon a cloth, so as to protect the part from the air. The process should be repeated twice in twenty-four hours. In strumous subjects, *calcarea*, *hepar sulphur*, *iodine*, and cod-liver oil are the remedies most to be relied upon. Oftentimes eczema seems to be the result of general debility, and then a carefully arranged supportive plan of treatment must be pursued. In those cases where dyspepsia seems to be the exciting cause, much benefit will result from a well-regulated diet and the administration of *nux vomica.* Eczemas are often accompanied by gout, and then *kali-hydriodicum* will prove a valuable remedy, at the same time interdicting the use of alcoholic stimulants as well as rich and stimulating food and condiments. Nervous depression, if it exist, must be overcome with *ars.*, *ignatia*, and *nux vomica.* As has already been stated, the local treatment must be soothing. The patient must be kept quiet, and when the parts are not discharging freely they should be protected from the air. Infusion ot bran, decoction of poppy heads, or marsh mallow are good soothing applications. *Linimentum aqua calcis* is a useful application, also glycero-petroleum. But in the use of lotions care must be taken not to sodden the skin. It is well to make the applications night and morning. Where the discharge is free, absorbent powders, as equal parts of starch and oxide of zinc, or common whiting and tar in the proportion of four to one, have been used with excellent results. Some use ordinary whiting made into a thinnish paste and applied with a brush with satisfactory effect. When powders are used they must be removed twice in the twenty-four hours, and there is nothing better than decoction of poppies applied for this purpose. A good lotion for the sub-acute stage is oxide of zinc and calamine powder, — one ounce of each with two drachms of glycerine and six or eight ounces of rose, or lime water. This may be applied several times daily, observing to first remove any crusts present. It is useless to make any application upon a bed of crust. Oil or glycerine rubbed into the crusts facilitate their removal. When very adherent apply a poultice."

Dr. W. Wesselhoeft remarked that many of the best pathologists in both schools of practice, especially Niemeyer, had spoken against the

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use of external applications in eczema, as it often alternated with brain diseases in children, and lung troubles in adults.

Dr. Sherman doubted there being danger from external applications. In one case he applied nitrate of silver (twenty grains to the ounce), and painted the head, and in two days repeated it. The eczema covered one half the head, and it was cured by this treatment without subsequent trouble. He had found no aggravation from glycero-petroleum rubbed in gently with the hands or upon linen cloths.

Dr. Walter Wesselhoeft reported a case of eczema in a child, to which external applications had been made by an allopathic physician with little or no benefit. By careful diet some improvement occurred. *Graph.*[3] was given, with still further benefit. In the summer he had acute intestinal catarrh, during which the eruption disappeared, the skin being very pale. He then had scarlatina, followed by otitis, discharge and inflammation of the middle ear, also a polypus in the ear, which was removed. The following winter he had double pneumonia, for which *Ant. Tart.* was given. This was followed by meningitis, for which *Zinc.* was given. After this the head was covered with an eczematous inflammation, and from this time the child began to recover.

Dr. Krebs has observed many cases of eczema during the past twenty-five years. At first it was the custom to apply tar ointments to the eruption. Convulsions occurred in many cases, causing death. He remembered six or seven cases of affections of the brain following external applications. An old lady with eczema of the hand had a salve applied, and the eruption disappeared. Shortly after its disappearance she began to vomit, and this continued until she died. On post-mortem examination, carcinoma of the stomach was found.

Dr. Talbot reported a case of eczema in a man forty years of age, the eczema appearing and disappearing. Six months ago the eczema appeared and he consulted a dermatologist, who applied several different ointments, and the eruption disappeared. He applied for a policy of life insurance, and on examination of his urine pus corpuscles were found, and his application was rejected. He was troubled with a slight pain at the neck of the bladder, which disappeared under treatment, and the eruption again appeared on the hands. A subsequent examination of the urine showed that the pus had entirely disappeared from the urine.

He reported another case of eczema capitis in a child seven months old, nearly the whole head being covered. The parents applied lead ointment, with almost immediate relief. He was sent for, the child being in convulsions. Gave *Cuprum Acet.* and the child came out of the convulsion. He afterwards gave *Sulph.* and the eczema appeared more violent than ever. From that time the child began to recover, and in six weeks was well.

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Dr. Talbot reported a case of sub-mucous fibroid in a patient fifty-two years of age (six years past climacteric). She had had frequent hemorrhages since menstruation ceased, for which she used styptic injections, and took medicine. She was anæmic, weak, with stomach unable to bear food, puffiness about the hands and face, abdomen bloated. By digital examination the os uteri was found dilated, and within a small, round tumor could be felt. By the speculum a firm, round tumor, covered with mucous membrane, could be seen. On passing the sound it was discovered to be attached about half an inch from the fundus of the uterus. The écraseur was passed around the neck of the tumor and it was removed. Very little pain was experienced, no blood escaped, the woman's health improved, and in fifteen days the woman was completely cured.

Dr. Krebs has had several cases of this kind. In one case the tumor was high up and the os was not dilated. Removed it with a pair of scissors, there being very little hemorrhage. In another case there was quite a large tumor on the anterior wall of the uterus. Applied a self-tying knot of silk, and drew the ends together, and in a few days the tumor came away. Think the ligature the best treatment.

Dr. Sherman reported a case removed by the écraseur.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

[*Reported by Chas. L. Nichols, M. D., Secretary.*]

THE semi-annual meeting was held at the Bay State House, Worcester, on Wednesday, May 14. The society was called to order by the vice-president, Dr. Adams, of Webster, in consequence of the sickness of its president, Dr. Sibley. A very interesting paper was read by Dr. Carmichael, on Anæsthetics, in which he gave the history of their application to their present use, the comparative value of chloroform and ether, in particular, the proportionate safety of each in different cases and ages, and the best method of avoiding the dangerous results which may follow the administration of these two. After the transaction of unfinished business and discussion of clinical cases reported by the members, the society adjourned for dinner. At 2 P. M., the society was called to order, and the afternoon session was devoted to an informal discussion of the subject of diarrhœa and kindred diseases. Dr. Bennett spoke of the importance of *Aconite* in aborting these cases, when seen at the first, and thought that *Arsenicum* and *Merc. viv.* were used too much by routine. Dr. Whittier made some remarks on the tenesmus, which is so troublesome in the dysentery of children, advising *Gels.*, hot injections, and sometimes a tight binder over the anus. The diet to be employed was then discussed briefly, and the society adjourned.

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THE

NEW ENGLAND MEDICAL GAZETTE.

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THE CLIMATOLOGY OF CONSUMPTION.

BY H. P. GATCHELL, M. D., ATLANTA, GA.

VARIETY OF OPINIONS.

THE press, professional and non-professional, teems with articles on the climatic relations of pulmonary disease; some insisting that equableness, some that warmth, some that cold, some that dryness, some that altitude is the important condition of improvement, some that humidity is unfavorable, some that it is so only or chiefly when caused by dampness of soil, others that humidity, and most, if not all, other climatic conditions are unimportant, and that only an active out-of-door life is essential to convalescence.

In a multitude of counsellors is confusion quite as often as safety.

Now, while it would be presumptuous in me to assume that I can eliminate all error from this medley of opinions, I may be able to contribute something towards a final solution of the much-vexed and all-important question of the best climate for consumptives.

HOW I CAME TO INVESTIGATE.

My attention has been especially directed to this subject, partly because of having suffered much from bronchitis and pneumonia, but still more because three of my sons were attacked by consumption, all three of whom are now engaged in business, one of them having done much hard work, of a kind not favorable to a consumptive constitution, while filling the Chair of Theory and Practice of Homœopathy in the Michigan University. I will add, in passing, that rarely can any one who has been attacked by this formidable disease continue hard work for a long time with

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impunity, no matter how completely he may appear to have recovered. He will usually bring on invalidism of some kind, with, in most cases, a recurrence of his pulmonary affection, and thus shorten his labors and his life.

VARIED EXPERIENCE.

In the course of testing different climates, members of my family have lived in States, from the extreme North to the Gulf, and from those on the Atlantic coast to Colorado in the West, and to Texas in the Southwest, among mountains, on the plains, on lake-shore and sea-shore, and at various heights, from near sea level to more than six thousand feet altitude, with the result of confirming views that I have long held as to the most desirable climatic conditions for the great mass of consumptives.

ABOUT RULES.

I say the great mass; for, however easy it may be to formulate general rules, those with exceptions, it is extremely difficult to formulate sound universal rules, those without exceptions. No doubt, in consequence of peculiarities of constitution, consumptives have recovered or improved under diverse conditions. The pertinent question is not how or where it is possible for some exceptional case to recover, but, What are the conditions that are most favorable in the great majority of cases?

COOL AIR AND CONSUMPTION.

One important condition is cool air. The consumptive has a temperature above normal, and though, in consequence of his debility, he has but little power of resistance, and hence fails under extreme cold, yet moderate coolness is both grateful and beneficial. It cannot have been due to the influence of mountain air alone that delicate consumptive ladies have ridden in wet clothes after a shower, or, as in one instance that I knew, travelled in an open wagon by night in the rain, without taking cold. The high temperature of the body must have been a factor in the capacity for resistance.

Cool air is all the time operating to reduce this abnormal temperature, and thus to obviate one of the most unfavorable concomitants of the disease.

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HOW COOL AIR OPERATES.

The superior vigor and greater endurance of constitutions developed in cold climates over those found in warm ones is well known ; so is the increase of vigor attending the transition from summer to winter. In both we have an illustration of vital reaction. The system is strengthened by hostile forces, if those forces are not out of proportion to the reactive capacity of the constitution. Hence cold, which tends to reduce vital heat, and labor, which breaks down living tissue, are both, in due proportion, invigorating.

The climate that is most conducive to recovery is one that is cool enough to provoke, and not cold enough to exhaust, the reactive capacity of the constitution ; one, too, that will promote nutrition in the consumptive and supply materials for oxidation to a system that apparently lacks capacity, in its imperfectly nourished state, to make due resistance to the influence of oxygen. It is a legitimate question whether one of the advantages of altitude may not be the accompanying rareness of atmosphere, in consequence of which less oxygen is inhaled in a given volume of air. Some color to this idea is given by the fact that persons living in a carbonaceous air are less subject than others to consumption.

When it was the fashion to hurry consumptives off to Minnesota, not a few of them would acquire flesh, strength, and color during the first winter, only to die suddenly when the spring came, the severe cold having at the same time developed and exhausted the reactive capacity of the system. They were like those athletes who, having unduly tasked that capacity, suddenly give way and die just when they appear to have reached the highest degree of robustness and vigor, models of muscular development and overflowing vitality.

With the great mass of consumptives there is not sufficient resisting power to experience permanent improvement in a rigorous climate, though a cool one proves beneficial. It is highly probable that one of the advantages of altitude is the increased coolness, and that, consequently, the invalid does not require as great an altitude in winter as in summer.

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DRYNESS OF AIR AND SOIL.

A comparatively dry air is desirable in both warm and cold weather. Dampness aggravates the effects of both heat and cold. It may render the air more chilling than a dry air twenty or even thirty degrees colder, requiring, consequently, greater resisting capacity to endure. A damp, cold air abstracts heat more rapidly than a dry, cold air. The consumptive, therefore, requires a climate less cold in proportion as the humidity is greater. In bronchial affections a cold, damp air is particularly unfavorable, and though the high temperature of the consumptive may enable him to resist it, as the subject of simple bronchitis cannot, even he should not presume too much on immunity from this cause. Persons in good health have a more buoyant feeling in dry cold than in damp cold air.

The depressing and debilitating influence of heat and moisture combined is familiar to every one, the moisture acting to obstruct that exhalation from the skin and lungs which is essential to due reduction of the temperature of the body. Persons in vigorous health may successfully resist this combination; the feeble consumptive sinks under it.

Some contend that dampness is objectionable in consumption only or chiefly as it is caused by dampness of soil, which, too compact to absorb readily, retains it on the surface, whence it slowly evaporates. But dampness of air is equally chilling in cold and equally debilitating in hot weather whether it proceeds from the surface or from the neighborhood of large bodies of water. The fact that consumption diminishes, in general, as we recede from the Atlantic coast, and that it increases again when we have receded far enough to come within the influence of the Pacific, is certainly suggestive of oceanic influence in its production.

If we compare Minnesota, Iowa, and Wisconsin with States in the same latitude on the Atlantic and Pacific coast, we find about three fifths as much consumption in the interior as in the coast States; and if the advocates of koumis as a cure for consumption, on account of the comparative exemption of those Asiatic tribes that make use of it, were to look a little further,

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they might find that this exemption is due to their interior position and to their mode of life.

I know but one peculiar disadvantage attending dampness of soil, and that is the influence exerted by it on the sensitive soles of the feet, and which, passing to nerve-centres, is reflected on the bronchial tubes. I cannot walk on wet soil unless in the warmest weather, and not always then, no matter how thick the soles of my boots, without getting a cough. My only safety is in overshoes, and I have found, not only with myself, but with others, that overshoes and thin-soled boots afford an immunity that thickest-soled boots without overshoes do not.

THE LOWLANDS OF THE SOUTH.

That the hot, humid air of the lowlands of the South should tend to accelerate the progress of consumption is a corollary from the foregoing, and also from its tendency to produce debility, inflammation, and fever. Every one knows that what increases the debility of the consumptive tends to a fatal issue; and every physician knows that what promotes pulmonary inflammation tends to the same end. The prevalence of pulmonary inflammation may be measured by the heat and dampness of the warmer part of the year combined with variableness and dampness of the colder part. Not only do more persons die of consumption in Louisiana, with an atmosphere laden not only with moisture from the Gulf, but also from its numerous bayous and swamps, than any other region in the same latitude, but it has also as great a mortality from pneumonia as Wisconsin has from consumption; and an excessive mortality from consumption exists throughout the lowlands of the South.

One frequently sees consumptives in the North gradually failing during the summer, and again reviving with the coolness of autumn, going comfortably through the winter, if a favorable one, and dying in the spring, a season that is productive of pneumonia; true, if the patient is very low, the cold of autumn may prove fatal, but otherwise he is apt to linger till spring.

A simple statement of the facts which I have adduced should be sufficient as to the unsuitableness of the Southern lowlands as a resort for consumptives.

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While Northern consumptives are thronging to these lowlands, native consumptives resort to the highlands for relief.

FLORIDA AS A RESORT FOR CONSUMPTIVES.

I do not know that Florida has any special advantages over other Southern lowlands. It combines dampness of soil with vapor from ocean and gulf. In most parts of Florida, one has only to dig twelve or fifteen inches to find water. As a gentleman said to me, one has only to kick against the ground to have the indentation fill with water; and all over the State the vapor, in winter and spring, condenses at night on roofs so as to run down the gutters in a stream.

To some invalids the heat of the sun at midday, even in winter, in this humid air, is sickening, and the prudent invalid will not venture out before sunrise or after sunset. Nor, for that matter, will the prudent well man expose himself unnecessarily to the malaria-laden air of night. A notion obtained in the profession at one time that malaria is prophylactic against consumption. I fancy that the notion survives with very few, as it is not difficult to show that it increases liability to consumption.

The tendency of the climate of Florida to produce disease of the liver is a great objection to it as a place of resort for invalids. Consumption, in most cases that I have examined, has been preceded and accompanied by a yellow tongue; and I am confident, so far as disorder of liver or stomach may be promotive of consumption, that the former is more operative than the latter. It might be worth investigation on the part of pathologists whether a plasma imperfectly formed, on account of disease of the liver, may not be an important condition of deposits in the lungs.

A resident physician told a patient who came under my care that he did not think there is a sound liver in Florida, unless in some new-comer.

That such a country, with a soil reeking with moisture, with an atmosphere almost saturated with vapor from ocean and gulf, and so laden with malaria as to forbid being out before sunrise and after sunset, a country where disease of the liver is the rule, should have been recommended as a sanitarium, is among the curiosities of medical literature.

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I have said nothing about the nervous debility induced by its hot, humid air in those who have long been exposed to its pernicious influence; but it is worth considering on the part of those who purpose taking up a permanent residence in Florida.

I do not doubt that some out of the many thousand consumptives who have visited Florida have improved, as some have, also, in Illinois, Wisconsin, Minnesota, and almost everywhere else; but that the proportion has been exceedingly small, much smaller than that of those whose deaths have been hastened by the climate of Florida, I likewise do not doubt.

I have long suspected that the most of those persons subject to a cough who have improved there have been cases of bronchitis rather than of consumption; and a few days since I was informed by a physician who resided there for a year that his observation led him to the same conclusion.

For consumptives Western Texas, as free from the excessive humidity of Florida, is preferable to the latter, though this region also is malarial, and is subject to much greater extremes of temperature, its winters being formidable to persons in vigorous health. For while great equableness is not necessary to a sanative influence, on the other hand, the sudden and violent changes which occur in Texas and Colorado are, if possible, to be avoided.

CONCERNING EQUABLENESS.

A writer in a late number of "Harper's Monthly" seems to assume that equableness is the special, if not the sole desideratum of climate for consumptives. Apparently, he knows nothing of the various climatic conditions that demand consideration.

Madeira, the equableness of whose climate is not surpassed in the temperate zones, was once very much frequented by consumptives from England; but its mild, oceanic air did not prove restorative. It became more noted as an English graveyard than as a sanitarium, and the current of health-seekers has taken other directions.

These mild, equable climates are pleasant to die in. If a consumptive is past recovery, and wishes to spend his remaining days where he will experience the least discomfort from climatic conditions, he cannot do better than to seek some such country as Madeira; but to find it he does not need to go to a foreign

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land. No part of the continent of Europe, probably no part of the Old World, has so delightful a climate as a narrow belt in California, a little removed from the coast. While singularly equable, it has a drier atmosphere than that of Madeira; one, too, that is noted for its stimulating influence. But let no one credit the tales of exemption from consumption in this region. Years ago, soon after we acquired California, before a host of people were interested in building up towns and in raising the price of land, the post-surgeon at San Diego mentioned in his report the prevalence of consumption among the Indians. Where Indians have consumption, whites may; and if consumption could obtain at San Diego, it can anywhere near the coast of California. The simple truth is that there is considerably more consumption in California than in Wisconsin.

The most equable climate is not the one that generates the least consumption, and more especially it is not the one that is most restorative. The most vigorous constitutions are not developed in such climates. For this purpose England, with its frequent vicissitudes, surpasses Italy; and Canada, with its extremes, surpasses Florida; and for the consumptive who aims not so much to die comfortably as to regain health, a climate with enough of vicissitudes and extremes to provoke, and not enough to overcome, the reactive capacity of his constitution is the one to seek. That such a climate can be found in Northeast Georgia I will at no distant day endeavor to show in another paper in the columns of the GAZETTE.

For the Gazette.

CANTHARIS IN TRIGEMINAL NEURALGIA.

BY DR. A. CLAUDE, PARIS, FRANCE.

MISS C——, of New York, aged twenty, and of an extremely lymphatic temperament, is in appearance very thin, with fair and freckled complexion, blue eyes, and very abundant hair of a red color. During her stay in Europe she has had several attacks of muscular and arthritic rheumatism, for which the physician (allopathic) then attending her had sent her to the baths of Aix in Savoy. On account of certain lung symptoms, her treatment at this place was shortened. Three days before her departure from

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the baths she took cold by being exposed to a strong current of air while walking. That night she was awakened by a pain in the right zygomatic process, which was so severe as to draw from her the most piercing screams. Her suffering lasted for nearly half an hour, and then ceased almost as suddenly as it had come. The following morning she was again attacked in the same manner as on the preceding night, and a physician was called in and diagnosed neuralgia of the trigeminal nerve, for which, although an allopath, he prescribed *Aconite*, probably on account of the ætiology. *Aconite*, however, did not succeed in relieving her; her sufferings, on the contrary, increased, and she had five or six attacks in the next twenty-four hours. These attacks presented no periodical or intermitting aspect. In spite of this, and doubtless on account of the non-success of *Aconite*, the doctor prescribed the *Sulphate of quinine*. The condition of Miss C——, however, continued to grow worse. The doctor then resorted to hypodermic injections of morphia, and afterwards of atropia. At last he found an anæmic murmur in the carotids, for which he ordered iron and cinchona wine. More than a month had now elapsed since the first attack, and the sufferings of the patient had become intolerable; completely worn out, she decided to return to Paris.

On her first visit to me I found upon examination a slight dulness at the top of the right lung, with weakness of the respiratory sound, a soft and anæmic murmur transmitted into the carotids, and the nervous tracts quite insensible to the touch, or even to pressure. During my examination of Miss C——, she suddenly gave a piercing scream, and at the same moment placed her hand quickly on her right cheek. During the attack she remained pale, and the right side of the face was contracted and completely distorted by sudden jerkings of the muscles. At the same time the pupils of her eyes were so dilated as to almost entirely cover the iris. The attack lasted some twenty minutes.

The anatomical diagnosis was easy, but the causes of the disease, which would indicate the treatment, were not easy to find. I was obliged first to eliminate several causes, such as inflammation of the nerve, alteration of the nervous centres, etc. In following my argument, I concluded that the neuralgia was the result of either chlorosis or rheumatism, or else it was the effect of

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the cold already mentioned. I discarded the first hypothesis because chlorosis would not have provoked an affection so sudden; it would have proceeded in a more insidious manner; and it was in this case simply a coincidence. Moreover, the tonic treatment (iron and cinchona wine) would certainly have modified the disease. Therefore, there remained but the rheumatic diathesis and the action of the cold. It was difficult to sacrifice either one of these causes for the other, an arthritic subject being more than any other predisposed to the bad influences of cold. I therefore directed my therapeutical investigation according to this order of ideas. Should I give *Aconite*, which answered to the ætiology *a frigore?* But the characteristic congestion of this remedy was absent. During the entire attack, Miss C—— remained pale, and her pulse was not accelerated any to speak of (from seventy to eighty). Furthermore, *Aconite* had been employed, and without success, at the beginning, when its use seemed especially indicated. Just so with *Atropine* or *Belladonna*. There had been enormous dilatation of the pupils, but the congestion of the face and the swelling of the blood-vessels were absent, and Belladonna pains are wandering and diffused. *Bryonia* corresponded to the rheumatic element. Like the two preceding remedies, it affects more especially the right side of the face, but its pains do not provoke spasms, such as I observed in Miss C——'s case, and are tearing rather than burning. Miss C—— compared her suffering to that produced by a red-hot iron. Furthermore, we do not find the sudden dilatation of the pupil produced by it. I was just about to decide on *Arsenic*, simply having regard to the character of the suffering, when I recollected the experiments of Gallippe on dogs with *Cantharidine*. Dilatation of the pupils is one of the very first effects of cantharidal poisoning. Besides, *Cantharis* has the burning pains and the spasmodic cramps. Its action on the rheumatic diathesis is admitted by all, and, like *Aconite* and *Bryonia*, it is sufficiently dependent on cold. I therefore prescribed one drop of the third dilution in a great spoonful of pure water for a dose, four doses to be taken every twenty-four hours.

Five days later I was called to see the young lady's mother, Mrs. C——, on account of a sore throat. After making my prescription, I asked how her daughter was. She replied that her daughter recovered two days ago, and was now out walking; that for the first three days the attacks had not been modified either in their rhythm or in

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their character or in their intensity. The night between the third and fourth days was comfortable, and Miss C——, regaining confidence, did not go out to consult an electrical physician, as she had almost decided to do. There was no attack on the fourth day, nor on the night succeeding it. I confess that I had some fears that such a sudden recovery might not be permanent, and I begged Mrs. C—— to ask her daughter to continue the treatment for some time yet. Two weeks later Miss C—— came to my office to ask if she might discontinue it, as she had not had a single attack since my visit. I willingly gave my consent, and during the six months that she remained in Paris afterwards, there was no return of her trouble. The ladies have since gone to Italy, and I treat them by letter. It is now almost a year since they left this country, and the neuralgia has never reappeared.

NOTES.

DR. R. LUDLAM has just translated from the French, and edited with copious practical notes and additions, Jousset's "Lectures on Clinical Medicine," which will be published in September, by S. C. Griggs & Co., Chicago. On account of the reputation of the writer and of the translator, this book will undoubtedly have a wide circulation.

A LADIES' PHYSIOLOGICAL SOCIETY has been organized in Washington, D. C., under the direction of Dr. Lucy W. Abell, formerly of Boston, but now residing in Washington. Some of the prominent ladies of Washington take an active part in this movement, which, it is thought, may eventually lead to the establishment of a Medical College for women.

DR. J. H. GALLINGER, of Concord, N. H., who, as we have already announced, was elected president of the New Hampshire Senate this summer when it organized, was complimented at the end of the session by the following resolution, which was adopted unanimously: —

Resolved, That the Senate tenders its thanks to the Hon. J. H. Gallinger for the ability and impartiality with which he has presided over the deliberations of this session.

Thereupon Senator Blodgett, in behalf of his fellow senators, and as a more substantial evidence of their esteem, presented President Gallinger with a copy of Appleton's New American Encyclopædia, complete in sixteen volumes, in elegant half morocco binding, costing $7 per volume.

But this was not all. Honors seem to pour down on the doctor thick and fast. He has now received an unsolicited appointment on the staff of his Excellency Gov. Head, as Surgeon-General of the State, with the rank and title of Brigadier-General, for which he is eminently fitted. Two of our New England States now have homœopathic Surgeon-Generals. Dr. J. C. Budlong, of Rhode Island, has just been re-elected to that position.

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, SEPTEMBER, 1879.

THE following communication, addressed to the President of the American Institute, having no proper place in the Transactions of that body, has been handed to us for publication.

The writer of it is a veteran practitioner, having been one of the founders of our national society in the year 1844, and his words should have some weight, as being prompted by a long and careful experience.

The object is one of great importance. But here is the letter, following which we shall make some remarks tending in the same direction.

SACKETT'S HARBOR, N. Y., June 11, 1879.

CONRAD WESSELHOEFT, M. D.,

President of the American Institute of Homœopathy:

Dear Doctor, — Some time within the past six or eight months I have seen some suggestions, I think from Dr. Dake, for augmenting and improving the Materia Medica, which struck me favorably, but I am unable to refer to them now. If I recollect aright, it was to have a paid or compensated Board or Faculty for conducting provings, but think no plan was submitted for raising the means to pay for such work.

As graduates are indebted to their predecessors for their knowledge of the Materia Medica, allow me to suggest that, in your address, you recommend that all of the members of the Institute contribute each $1 a year towards a fund for this purpose to begin with, and that each college exact a fee of $5 from every graduate when leaving the institution to add to such fund, so that our Materia Medica may be pruned of excrescences, and our new and important remedies be more thoroughly proved.

Respectfully yours,

D. S. KIMBALL.

We need hardly tell our readers, especially those connected with the American Institute for several years, that Dr. Kimball was right in his reference to Dr. Dake.

In the Transactions for the year 1857 may be seen a very full presentation of the defectiveness of our provings, and a plan for greater thoroughness and exactitude in drug experimentation, by Dr. Dake, as a member of the Bureau of Materia Medica. And in the Transactions for 1873, from the same Bureau, Dr. Dake brings the same subject forward again.

It is plain to every reader of our literature and every observer of the expressions daily falling from our earnest, busy practitioners, that there is a general and deep dissatisfaction with the old and yet current methods of proving drugs, and with the overgrown and trash-laden

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volumes containing our Materia Medica. The suggestions of the veteran Dr. Kimball are well worth more than a passing consideration.

The question may very properly be asked, Which of our schools will be the first to inaugurate an experimental department for the cultivation of Materia Medica?

Is it possible that our colleges are going to *talk* only of a "Pure Materia Medica," while the old universities of Europe are quietly and effectually pushing their experimental laboratories in the direction of drug pathogenesy, so as to arrive at the uniform and undoubted effects of medicines on the healthy human body?

Let us give heed to this subject and the good suggestions of Dr. Kimball.

DR. A. CLAUDE of Paris, the Secretary of *La Société Medicale Homœopathique de France*, and the editor of its journal, one of the ablest and best known of the French homœopathic physicians, has sent us, with two interesting articles, one of which we publish this month, a note promising to be a frequent contributor to our "estimable journal," on condition that we will accept his work in French and translate it. We shall only be too happy to perform the extra work thus required (or get it done by others), knowing that our readers would not excuse us for neglecting to secure such valuable material as this promises to be.

THE Homœopathic Pharmacy of Messrs. Otis Clapp & Son, at No. 3 Beacon Street, Boston, has just been enlarged and entirely remodelled, and in the opinion of one who has visited most of our great cities, is now one of the finest in appearance, if not the very finest, in the United States.

The outside of the store is very attractive. The front on Beacon Street, about twenty-seven feet, is finished in rich mahogany. The door, which is now in the middle, has but one panel of plate glass, extending its whole length. On either side of the door is an immense plate-glass window 90 x 96 inches in size. The rich signs of the latest pattern — black groundwork, with carved gilded letters — and the tasty brown and white awning complete the external attractiveness.

On entering, our expectations, raised on the outside, are not disappointed. The floor is laid with variegated marble tiles, the ceiling is neatly frescoed, and the cases and counters are handsomely made of ash, with cherry trimmings. Everything that is necessary to complete

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the outfit of a well-ordered pharmacy has been included, as no pains or expense have been spared to make the premises in every way adapted to their large business.

The growth of the business of this firm has been about coextensive with the growth of homœopathy in New England. Dr. Samuel Gregg, the pioneer of homœopathy in this section of the country, commenced its practice in the winter of 1837–8. Mr. Otis Clapp commenced his business in a small way in 1840 at 121 Washington Street, when there were but three or four physicians of our school in Boston, and a few in the surrounding towns. He began by getting subscribers for the "Homœopathic Examiner," which was started that year. The first year he obtained six, of whom only two are now living. Soon after, Dr. Clark visited Philadelphia and saw a few of the new school, from whom he solicited for Mr. Clapp a consignment of books and cases. Dr. Hering sent six of his domestic cases and books, and one or two other physicians sent books. This gave the start. He next opened an account with Radde. Business grew steadily. The demand for medicines soon became lively, and by 1853 he had published five editions of Dr. Epps' "Domestic Homœopathy." One edition was enlarged by Dr. G. W. Cook and one by Dr. J. A. Tarbell. From 1841 to 1855 the pharmacy was in School Street, since which it has been where it is now. Dr. James Wilkinson Clapp, the junior member of the firm, became actively interested Jan. 1, 1874, since which the medicines have been prepared under his supervision.

We think that the homœopathic profession is to be congratulated on the success and present condition of this pharmacy, which certainly does honor to our cause.

Societies and Institutions.

ANNUAL FIELD DAY OF THE ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

On Wednesday, July 23, this well-known society, with ladies and invited guests numbering some two hundred and fifty, celebrated its seventh annual field day and basket picnic at Shawsheene River Grove, Andover.

The music from Brooks, Owen, and Carlton's Orchestra of six pieces, the dancing, the running match around the pavilion, together with the unexpected meeting of many old friends, the renewal of former friend-

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ships, and the making of new acquaintances, made the morning hours speed happily past and seem by far too short.

Promptly at one o'clock, P. M., the collation, rich in variety and bounty, was spread, the Rev. D. C. Knowles, of Lawrence, invoked the Divine blessing, and the orchestra furnished choice selections.

At 2.15 P. M., the society was called to order by the president; and the secretary, Dr. Morse, of Salem, read the records of the June meeting; and then the election of new members followed, — E. A. Butler, M. D., of Lawrence, and George N. Wild, M. D., of Ipswich.

Dr. Thompson, of Lowell, the retiring president, was then introduced, and gave a brief address of welcome.

Next was a song by the Hatton Quartette Club, of Lawrence, "To the Bravest," finely rendered. Encore, "Beware."

Dr. C. W. Scott, of Lawrence, president elect, was then introduced, and after a few words of modest introduction, spoke as follows: —

"Once each year we come together for our 'annual love feast,' laying aside the cares and burdens of every-day business, seeking relaxation and general good cheer. Few occupations in life are more wearing and exacting than that to which the conscientious physician devotes himself. Therefore, I say, we want no dry and prosy addresses, no long-winded doctrinal speeches, no everlasting repetition of 'Similia similibus curantur.'

"To those who will for a few moments give me an open ear, I will speak, though in a desultory and rambling manner, from want of time to do otherwise. As farmers, when met together, talk of agriculture, and merchants discuss the laws of trade, so physicians, when called upon, quite naturally make display from 'stock in hand.' Not that I intend on this occasion to physic this audience in the literal sense of the word, but to give you an address sufficiently brief in quantity and diluted in quality, that it can do no one any harm. Upon myself its action will be sudorific, while upon my hearers it is offered as a specific for insomnia.

"That homœopathy is steadily encroaching upon the domains of ancient physic, preparing and fitting the ground for future occupancy, is apparent to any one who will take the trouble to compare the present with the past. Here in Puritan New England there exists a conservatism, not in physic alone, but in politics and religion, that may well be likened to the nether mill-stone. Here orthodox medicine spreads its mantle of bigotry, intolerance, and prejudice, and whoever is not sheltered by its folds is an alien. Old ruts absorb and control an element hemmed in by innumerable obstacles and bound by a

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seven-fold cord of expediencies. In the Western and more newly settled portions of our country, where every enterprise is carried on with the energy and impetus characteristic of youth and ambition, homœopathy numbers among its patrons the larger portion of its wealth and culture. There are congregated more of youth and middle age, unfettered by an effete aristocracy, whose names perchance adorn title-pages, and who glory in the fact that posterity will recognize in them those able to pronounce the ancient shibboleth.

"But in a matter of such vast concern to humanity as the choice of means to be employed when life is in imminent jeopardy, it is but reasonable to expect a course will be taken corresponding to previous teaching, subject more or less to the influence and advice of interested friends. 'Just as the twig is bent, the tree 's inclined,' holds true under very many circumstances of life, and many are the obstacles to be overcome, when one cuts loose from old associations, forsaking the 'traditions of the fathers.' The leaders are few ; the masses drift the way the current sets the strongest, giving no thought to why or wherefore. That all should see or think alike would be contrary to our common humanity. One party is aggressive, while another, of necessity it may be, is submissive. Who lives to see the millennium in medicine, the 'lion and the lamb lying down together,' will, to quote from another, see the 'lamb inside the lion.'

"Homœopathy has suffered most at the hands of over-zealous friends, who, thinking to hold it aloof from all other systems, have thereby invited bitter sectarian antagonism. With many, 't is not so much the pathy or ism that attracts, as the general *personnel* of the individual. How few among the masses pretend to know the difference between the various systems of medicines! So insignificant a circumstance as the unsolicited advice of a neighbor often determines who shall be called, or having been called, only to be dropped at the suggestion of another, without rational or reasonable excuse for so doing. Yet such has ever been, and probably ever will be, the history of the practice of medicine.

"We are but tenants at will of the people. Sectarian differences ever have and ever will exist. Had we the 'charity which suffers long and is kind, which vaunteth not itself,' there need be no offence. With as good reason might we quarrel as to the color of our houses. More unfortunate still is the envy and jealousy too often shown between brethren of the same 'household of faith.' All are striving to accomplish the worthy end, — the alleviation of human suffering. God grant that, laying aside all strife and enmity, we may work together in harmony, seeking in all things to imitate Him who is the 'Great Physician!'"

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The president then introduced the poet of the day, Dr. A. M. Cushing, of Lynn, who read a comic poem which caused a great deal of merriment.

After music by the band, there followed a brief service of toasts and responses, Dr. Nathan R. Morse acting as toast-master.

1. The memory of Hahnemann. Drank by the officers of the society, the audience standing.

2. The Massachusetts Homœopathic Medical Society, our worthy mother. — May she not reach her climacteric ere she shall give birth to at least one fair daughter in each county in this good old Commonwealth, as a rival to her sprightly Essex maiden of only eight summers.

Response by Dr. Scales, of Woburn, president of the Massachusetts Homœopathic Medical Society.

3. "Little Rhody." — Heaven bless her, and may her good Providence ever have a Peck full of good things for our annual field day.

Response by Dr. G. B. Peck, Jr., of Providence, R. I. Dr. Peck closed with a tribute or toast to woman, in response to which the toast-master called on Dr. Mary Safford Blake, of Boston.

Song by the Hatton Glee Club.

4. The "Hub." — Proud not only of her title, her history, and her good name, she is also proud of her distinguished disciples of Æsculapius.

Response by Prof. David Thayer, of Boston.

5. The Clerical Profession. — Honored in all the walks of life, she has usually led the advance-guard of homœopathy, and proved its strong bulwark in the past.

Response by the Rev. D. C. Knowles, of Lawrence.

Music by the orchestra.

6. Boston University School of Medicine. — Cordially we recognize its faithful work, and successful efforts to elevate the standard of medical education.

Response by Prof. Talbot, of Boston.

7. Our Annual Field Day. — With its return let us ever cherish the memory of our departed associate, the late Dr. Cummings, of Newburyport, who may justly be called its father.

Response by Dr. J. O. Moore, of Haverhill.

Song by Miss Annie Lawrence, of Marblehead, "When we are old."

The secretary then read letters from invited guests and absent friends.

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Song by the Hatton Quartette.

On motion of Dr. French, it was voted that when we adjourn, we adjourn to meet in August, at the call of the secretary.

Music by the orchestra followed.

Another hour was then spent, by some in the merry dance, and by others in rambling about the grove, boating, etc., but it sped on lightning wings, and the time of our separation and departure came altogether too soon, the majority leaving the grove about 5.30 P. M. All agreed that they had spent a most enjoyable day, long to be remembered.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

THIS society met in Phenix Block, Concord, Wednesday forenoon, June 18. The report of the secretary and treasurer was read and approved. After the reception of delegates from other societies, the president, Dr. T. E. Sanger of Littleton, delivered a brief address.

Dr. Frank Spooner of Colebrook was elected a member. Dr. Keith of Franklin, from Committee on Epidemics, reported cases of malignant diphtheria, and a general discussion on sanitary matters followed, participated in by Drs. Sanger, Keith, Welch, and others. Dr. Rogers of Plymouth, from Committee on Surgery, read an able paper on the Topical Treatment of Carbuncles; a general discussion followed by Drs. J. C. Moore, Sanger, Rogers, and others. Dr. W. C. Welch of Manchester reported interesting cases from Committee on Obstetrics, and discussion followed, in which Drs. D. F. Moore, Foss, Rogers, and others participated. Dr. T. E. Sanger of Littleton, from Committee on Gynæcology, read an able paper on Electricity in Uterine Diseases, which was discussed by Drs. Foss, Rogers, Smith, J. C. Moore, Welch, and Sanger.

On motion of Dr. J. H. Gallinger of Concord, a committee of three was appointed to represent the society before the legislature in regard to the medical law, consisting of Drs. J. H. Gallinger, J. C. Moore, and W. E. Keith.

The society then elected the following officers for the ensuing year: *President*, T. E. Sanger, M. D., Littleton. *Vice-President*, W. H. W. Hinds, M. D., Milford. *Secretary and Treasurer*, J. C. Moore, M. D., Lake Village. *Councillors*, A. D. Smith, M. D., Manchester, C. S. Collins, M. D., Nashua. *Censors*, J. H. Gallinger, M. D., Concord; T. E. Sanger, M. D., Littleton; W. C. Welch, M. D., Manchester; D. F. Moore, M. D., Lake Village; D. L. Jones, M. D., Lancaster.

A general discussion took place upon higher medical education, and

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it was recommended that more care be exercised in granting medical licenses. The society dined at Phenix Hotel, and after a brief session in the afternoon adjourned for one year. There was a very full attendance, members being present from all parts of the State.

Reviews and Notices of Books.

A Manual of Pharmaco-dynamics. By Richard Hughes, M. D. London: Leath & Ross.

We have already had occasion to speak of former editions of this work, and to mention the present one on its first appearance, but are prompted to call attention to it again at this time, when the growing spirit of exact inquiry into matters pertaining to our pharmacology and the publication, more particularly, of Dr. Allen's Encyclopædia promise to give a new direction and a sounder basis to the views on pharmaco-dynamics current among the majority of practitioners. It is becoming of greater importance daily, with the more pronounced reaction against Hahnemannianism in this country, to draw distinctions between the works on Materia Medica with which we are already overrun, and which threaten, if the new Homœopathic Publishing Society should happen to prove a success, soon to be as numerous as the sands of the sea, without adding measurably to our knowledge or our efficiency.

Of the outward form and arrangement of the manual before us, it is unnecessary to speak at this late day. What interests us now and at all times in a work of this class is its practical usefulness and the soundness of the principles by which the author has been guided and constrained in its preparation.

To speak first of its usefulness, we are glad to learn that in the approaching edition this is to be greatly increased by the much-needed addition of a repertorial index, by which the indications for each remedy will be made accessible to him who is not gifted with the peculiar memory hitherto an almost indispensable mental quality for homœopathic practice. So far as these indications themselves are concerned, we must remind the reader that the work is by no means intended to supplant those larger works which the more experienced practitioner is under the constant necessity of consulting, but to give to beginners chiefly a brief but definite idea of the relative value of every drug and of the sphere of its pathogenetic and therapeutic action.

In order to present the material in this form, it was clearly necessary to divest the remedies largely of those more marked elements of un-

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certainty which have come in time to cluster about them in consequence of doubtful observations in the construction of their pathogeneses from imperfect provings and cases of poisoning on the one hand, and from all manner of faulty generalizations and interpretations of clinical experience on the other. The result of this process of elimination has been to leave as a residue all that may be safely taught as having both a scientific and a practical warrant, or at least one or the other. The question, of course, arises as to what constitutes the scientific or practical warrant of the indications for the use of a drug; and on this point the author differs to a great degree from the majority of those who are recognized as our teachers in Materia Medica, inasmuch as he shows a decided leaning towards the views of Anstie, Harley, Ringer, and others of the modern allopathic school, who, not satisfied with merely noticing the phenomena of drug effects, attempt to reduce them to the physiological processes which are supposed to underlie them. There can be no question that this is the proper aim of all pharmaco-dynamical inquiry; but we are constantly reminded, even in reading the masterly expositions of the *modus operandi* of such drugs as aconite, tartar emetic, digitalis, phosphorus, and others in the work, how much of hypothesis still enters into these physiological explanations, and how precarious, therefore, is the attempt to draw practical conclusions from them. It must be acknowledged, however, that the author is fully alive to the necessity of founding his indications for the use of the medicines mainly upon the clearly observable phenomena following their exhibition in health, and upon the success which has followed their use in disease.

It is his constant endeavor to show the interdependence of the pathogenetic and curative effects of those drugs of which we have the most intimate knowledge, both experimental and clinical, or as he himself states it, "that nineteen twentieths of all direct curative actions of drugs manifestly appear to be homœopathic in respect of *modus operandi.*" To do this with a sufficient degree of exactness, not merely to convince the unbeliever, but to convey genuinely practical knowledge, it is necessary to establish the precise relationship between the physiological effects of the individual drug and the morbid phenomena which it is capable of curing. This can only be accomplished satisfactorily in the way adopted by Dr. Hughes, and the sooner it is generally recognized and applied among us, the better for the progress of homœopathy. It consists in calling to our aid the method of the physiologist and pathologist, both to elucidate drug action and to check therapeutical speculations and vagaries, while we apply at the same time the test of clinical experience to demonstrate the validity of the homœopathic law and to confine physiological theories within rational, legitimate, and

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practical limits. Without the constant check and control of the physiological method, the empirical one must forever lead to error and confusion, and *vice versa*. The one is the sterile method of the allopath, while the constant appeal to the other alone, on our part, is the point of least resistance in our system. Out of it have sprung the "guiding symptoms taken from model cures," which make the more elaborate works of Hering impossible to-day, and in like manner, it has been the fecund mother of the "mental symptoms," "key-notes," etc., of Lippe, Guernsey, and others, which, if properly examined, will be recognized as the most unhomœopathic, the most unscientific, and the most vicious of all modes of generalization yet invented.

In their derivation from the union of the two methods lies the scientific and practical value of the indications given; and for all medicines which have been regularly proved in appreciable quantities, which have a fair toxicological record, and which have been widely applied as curative agents, these indications are presented, not only in a distinct and practicable form, but also in a manner so free from the exaggeration and crudities which, at the outset, condemn so many of our works on Materia Medica and practice, that we do not hesitate to pronounce the Manual to be incomparably the best work to be put into the hands of our students.

As regards the more general principles which characterize the work, we have said all when we say that Dr. Hughes insists that our law should be formulated potentially, *i. e.*, that it is not, and cannot be of the nature of a mandatory law, of universal application and binding under all circumstances upon all who profess belief in it. In this view he escapes the fatal error of the dogmatist, upon which homœopathy would have been wrecked long ago, if it had been evolved wholly from human consciousness, and if its existence had depended upon the wisdom of the majority of its votaries. W. W.

ALLEN'S ENCYCLOPÆDIA OF PURE MATERIA MEDICA. Vol. IX. New York: Boericke & Tafel.

This work is rapidly approaching its completion. Even the disastrous fire with which the publishers have been visited will, we are assured, have little or no effect in delaying the publication of the remaining volume, a proof of the resources of this most active and enterprising of all our publishing houses.

The volume before us runs from Silicia to Thuja, and embraces, like those which have gone before it, many drugs of which the great majority of practitioners scarcely have a recollection, and which yet have a toxicological, pathogenetic, and clinical record already sufficiently accu-

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rate to insure them an important position in our *armamentarium.* We need only mention Sumbul, for instance, out of many others, with its marked effects upon the male generative sphere, or Tellurium which, though mentioned in the current works on Materia Medica, scarcely appears in the reports of the cases to which it has a most marked relation, notwithstanding their frequency and their obstinacy under other remedies. We mean spinal irritation and chronic urticaria.

If every one among us could only be brought to have ever present in his mind the clear conviction that his real success in daily practice is dependent mainly upon his intimate knowledge, and his power of sifting the Materia Medica, it would be unnecessary to say an additional word in favor of a work like this, which does in reality present all that is known and much that is surmised concerning the action of drugs.

W. W.

DISEASES OF THE INTESTINES AND PERITONEUM. By Drs. Bristowe, Wardell, Begbie, Hahershon, Curling, and Ransom. New York: Wm. Wood & Co.

This is perhaps the most interesting volume of Wood's Library of Standard Medical Authors yet published. It contains a series of short monographs, by the different writers above mentioned, on enteralgia, enteritis, obstruction of the bowels, ulceration, cancer, colic, colitus, diarrhœa, dysentery, diseases of the cæcum, duodenum, rectum and anus, worms, peritonitis, tubercle and cancer of the peritoneum, ascites and abdominal tumors. The book is illustrated with twenty-nine wood-cuts.

THE LAWS OF THERAPEUTICS. By Joseph Kidd, M. D. Philadelphia: Lindsay & Blakiston. $1.25.

This is an American reprint of a book which in England has had a wide circulation. Dr. Kidd has a very large practice in London, especially among the aristocracy. We believe Lord Beaconsfield employs him. His book begins with a short history of the various medical doctrines which have arisen in the world's history, with his comments on each. Then follow chapters on physiology, pathology, natural history of disease, therapeutics, Hahnemann's Law of Similars, Galen's Law, the antipathic, etc. Perhaps we cannot better give an idea of Dr. Kidd's position than by quoting one or two sentences from his book: —

"Twenty-seven years ago I saw that the essential truth of Hahnemann's law was totally independent of his speculations about dynamization. Adopting with great delight the law of "Similia similibus curantur" as the chief, though not the only

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foundation for therapeutics, I learned for myself that Hahnemann's "sober" teaching, the use of the pure, undiluted tinctures, was a far better guide to heal the sick than Hahnemann "drunk" with mysticism, calling for the exclusive use of infinitesimal doses. The latter I gradually cast aside *in toto*, as untrustworthy and unjust to the sick, whose diseases too often remained stationary under treatment by globules, but were most effectually and quickly cured by tangible doses of the same medicines which failed to cure when given in infinitesimal doses. . . . Apart from all the mistakes, prejudices, and later theories of the illustrious Hahnemann, the truth cannot be shaken that in many cases, although not in all, there is a relationship of similarity between the physiological action of the remedial agent and its essential curative action."

From the above extracts it will be seen that Dr. Kidd does not train in the same company with Drs. Swan, Guernsey, Berridge, and Skinner; indeed, Dr. Berridge has written a long criticism on the book in the "Organon," in rather more than his usual animated style. We feel sure that most of our practitioners will be very much interested in the "Laws of Therapeutics," whether their views are the same as Dr. Kidd's or not, for the book is well written, and contains many valuable hints.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By Geo. Henry Fox, A. M., M. D. New York: E. B. Treat, 805 Broadway. Parts I. and II. 1879.

This valuable work will be completed in twelve monthly parts, each part consisting of four plates printed from the original photographic negatives, by a new and indelible process, on the finest quality of heavy card-board, 10 x 12 inches, colored by hand, giving in each case the characteristic and life-like effects of the disease. Two pages of text, in detail, will accompany each plate. Price for each part, $2.00.

The author says in his Preface very truthfully, "The study of skin diseases without cases or colored plates is like the study of osteology without bones, or the study of geography without maps. However comprehensive or practical a text-book may be, its verbal descriptions cannot compare in value with a sight of the thing described, or, what is next best, its faithful representation. A systematic course of clinical study is only possible in our large cities, and yet the physician in any remote locality may be called upon to treat the rarest forms of skin disease."

The parts before us represent comedo, acne, lepra, elephantiasis, keloid, rosacea, psoriasis, and icthyosis in a *marvellously* lifelike manner, different from any colored photographs or lithographs we have ever seen before. To get better advantages of instruction than the complete work will afford would require an attendance on a very large skin clinic for a very long time. We advise all who can spare the money to invest.

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HOME-MADE TREATMENT. By C. F. Nichols, M. D. Boston.

This is a neat little tract, uniform with the same author's successful "Sketches of Hahnemann and Madame Hahnemann," and "Homœopathy," and a hundred copies of either tract may be obtained for $2. This is intended for distribution to families as a kind of domestic homœopathy. High potencies are advocated, and alternation is condemned.

THE EPIDEMIC OF 1878. By Ernest Hardenstein, of Vicksburg, Miss. 50 cents.

This is the most complete monograph on yellow fever from the homœopathic standpoint yet issued. Besides the report of the commission appointed by the American Institute, which it reprints, it contains much interesting matter on the theories, treatment, and statistics of the disease.

REVIEWS of the following books are being prepared: "Hering's Guiding Symptoms," "Marsden's Practical Midwifery," "Turnbull's Anæsthetic Manual," "Hughes' Therapeutics," "Stephen Smith's Operative Surgery," "Rosenthal on the Nervous System," "Delafield's Physical Diagnosis," "Transactions of American Institute of Homœopathy," "Marion Sims on Epithelioma of the Cervix Uteri," "Phillips's Materia Medica," "Haynes's Clinical Therapeutics, Part VII.," "Summer and its Diseases," and "Gallabin's Diseases of Women."

PERSONAL.

L. B. PARKHURST, M. D., B. U. S. M., 1879, is practising at Northampton, Mass.

M. S. HOLMES, M. D., same class, has located at West Waterville, Me.

E. B. SQUIRE, M. D., same class, has located at Lyndonville, Vermont.

W. O. HARDY, M. D., same class, has located at Grafton Centre, Mass.

GEO. W. WILDE, M D., B. U. S. M., 1878, has located at Ipswich.

HERBERT C. CLAPP, M. D., has removed from 544 Tremont Street to 16 Concord Square, Boston.

DR. J. S. SHAW has removed from 1222 Washington Street to 9 Dartmouth Street, first door from Tremont Street, Boston.

MARRIED, April 30, 1879, O. J. TRAVERS, M. D., of North Brookfield, Mass., to MARY P. LYTLE, of Saratoga Springs, N. Y.

AMBROSE S. EVERETT, M. D., late Professor of Anatomy in the Homœopathic Medical College of Missouri, has removed to Denver, Col., where he has gone into partnership with Dr. J. M. Walker.

DR. HELMUTH has just returned from Paris, where he has had a delightful time. He has received the honorary degre of the Société Médicale Homœopathique de France. His instrument for carrying the elastic ligature was so much thought of by Colin (successor to Charriere) that he requested permission to make it and insert in his catalogue.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 10. OCTOBER, 1879. VOL. XIV.

*SOME REMARKS ON THE TREATMENT OF FUNCTIONAL AND ORGANIC DISEASES OF THE HEART, BY DR. MEYHOFFER, OF NICE.**

TRANSLATED BY HERBERT C. CLAPP, M. D.

IN the choice of remedies we shall follow the two principal indications suggested by the morbid conditions which we have just noticed, namely, to moderate the action of the heart on the one hand, and to increase its power on the other. To the first of these indications correspond more particularly *Aconite* and *Cactus grandiflorus;* to the second, *Arsenicum*, *Digitalis*, and *Phosphorus*. Nevertheless, the morbid conditions are not always so clearly defined; indeed, they are sometimes very complex, and demand medicines which will fulfil many other indications at the same time. In the multitude of this latter class of medicines, we shall confine our remarks to *Coffea*, *Caffein*, and the preparations of lime.

All the physiological experiments with *Aconite* show conclusively that this agent paralyzes the vaso-motor nerves, excites the action of the heart, and irritates, at the same time, its muscular fibres. The dilatation of arteries and capillaries, the elevation of temperature, the force and fulness of the pulse, the energetic impulse of the heart, the violent palpitation, and the præcordial anguish are effects of this plant so well known that we have no need of dwelling longer on the subject. What concerns us to state is this, — that whenever we observe in a patient the phe-

* Comptes Rendus Sténographiques du Congrès Internationale d'Homœopathie. Paris, Imprimerie Nationale, 1879.

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nomena which we have just spoken of as produced experimentally by *Aconite*, we can in advance be sure of our power to lessen their intensity, and to make them rapidly disappear under the influence of this drug. We shall find in *Aconite* the great remedy against palpitation in plethoric youths and adults. It is no less powerful in aortic regurgitation with a strong and quick pulse, with excessive pulsation of the peripheric arteries and dilatation of the capillary network.

Its action is manifested not only in causing the rapid disappearance of palpitation and cerebral congestion, which so frequently accompany this lesion, but we shall also find that the diastolic murmur in the carotid (when it exists) has, at the same time, sensibly diminished. This transmitted murmur, noticed before the administration of this remedy, becomes sometimes almost imperceptible after the patient has taken three or four doses. By a dose we mean one or two drops of the first or second decimal dilution repeated every three hours.

All the aggravations caused by an endocarditis are under the control of *Aconite* as long as the arterial turgescence predominates; but when the heart itself is principally concerned, and the vascular disorders are only the consequence of exaggerated action, we shall have to resort to *Cactus grandiflorus* to establish the equilibrium.

Cactus grandiflorus. — This remedy, even now utterly unknown to allopathic physicians, plays a great part with us in the treatment of diseases of the heart. According to Rubini, who was the first to make us acquainted with it, the effect of this plant on the human organism is absolutely identical with that of *Aconite*. He attributes to it a power equal if not superior to the latter, in all inflammatory affections, and considers it an irritant of the heart itself as well as of its nerves. My experience with *Cactus* only partially confirms the opinions of Rubini. I have no doubt that it affects the muscles of the heart much more than any other organ or tissue, but it has no action on the nerves of the heart. The vascular dilatation and the force and fulness of the pulse which we notice in its pathogenesy are results of its primary effect on the cardiac muscular fibres, whose contractions are violent, throwing the blood with great force into the aorta, and yet we do not observe the same degree of vascular

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excitement which we know that *Aconite* produces. This last fact we are more free to express, because we do not know of any remedy capable of moderating the action of the heart, superior or even equal to *Cactus*. I have made use of it with a success which has never failed me, in the idiopathic hypertrophies of the heart of young people, in all its excited actions, so frequent in the course of mitral and aortic insufficiency, and caused sometimes by endocarditis, sometimes by muscular effort. There is, indeed, this danger, — that of allowing one's self to fall too easily into mere routine.

Cactus does not augment the heart's power, but it moderates and regulates its action, and in this way economizes it. It produces no effect on an enfeebled heart; secondary dilatation and cardiac cachexia come no more under its sway than they do under that of *Aconite*. This last remedy is even less often indicated than *Cactus*, but it sometimes prepares the way for it. The sensation of a constriction in the præcordia, with a feeling of a ring around the body and epigastric pulsation, are precise indications for the choice of *Cactus*. This plant, whose efficacy is so great in the treatment of organic affections of the heart, more than fills the place of the preparations of bromide of potassium and digitalis, which our allopathic *confrères* employ in such cases. It does not, like them, weaken the energy of the heart, but preserves it, and at the same time moderates it. The dose of *Cactus* ought to vary according to the urgency of the case; yet we shall rarely be obliged to give, to obtain promptly the desired effect, more than one or two drops of the second decimal dilution every two hours.

The dilutions of *Coffea*, which we prepare, and *Caffein* are to the nerves of the heart what *Cactus* is to its muscle. It has been clearly demonstrated by the experiments of Leven that *Coffea* exerts an elective and direct action on the nerves and ganglions of the heart, independently of the vagi and sympathetic. Its influence on the muscle of the heart is indirect, depending entirely on the excitation which it communicates to its network of nerves. In the same way the heart's quickened contractions and the more powerful intravascular pressure are accounted for. As a remedy, *Coffea* addresses itself to palpitation associated with a great flow of urine, caused by nervousness. One drop of the

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third or sixth dilution is often sufficient to cut short one of these attacks of palpitation of nervous origin.

Although *Caffein* only acts as an indirect stimulant to the muscle of the heart, it has nevertheless been shown to be a powerful auxiliary to *Digitalis* in the treatment of asystolism. In cases of simple weakness of the heart, and even in passive dilatation and cardiac cachexia and fatty degeneration, this alkaloid does very good service, *provided* that it be given only in small doses. We have found two centigrams three or four times a day sufficient to obtain regular contractions of the heart and an increased flow of urine. (It was by means of this remedy that were removed the sleeplessness and œdema of the patient spoken of in Case No. III.) It also starts up the most energetic contractions of the heart in those attacks of syncope which last from six to seven hours, such as we have described in the case of the American lady (Case I.), and my friend Dr. F. (Case II.). In these two cases I gave one centigram ($\frac{1}{6}$ of a grain) of *Caffein* every half-hour, up to the moment when the pulse came back, and after that at longer intervals. Now, if we can obtain from these small doses of this alkaloid such brilliant vital effects, is it not evident that by following the recommendations of Parrot, who advises us to prescribe from twenty to fifty centigrams of *Caffein* three or four times every twenty-four hours, we should soon end by exhausting the vitality of the nerves as well as that of the muscle of the heart?

Digitalis exerts the same influence on the muscular fibres of the heart that *Caffein* does on its nerves; that is to say, it paralyzes them. How does it happen, then, that allopaths use this plant and its alkaloid for a heart tonic, as well as we? To explain this contradiction, some physiologists affirm that *Digitalis* acts as a moderator of the heart's action, by means of its influence on the pneumogastrics; yet the experiments on which they rely are very contradictory, and far from justifying this view. The question is a very simple one. *Digitalis* in small doses increases the power of the heart, while in large doses it lessens it. Our allopathic *confrères* are so well aware of this that they prescribe by preference one or two granules of *Digitaline*, of one milligram ($\frac{1}{65}$ of a grain) each, every day in asystolism, and when they desire to give larger doses, they give them at longer intervals. As for

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our part, we have found that *Digitalis* in the second and third decimal trituration, in doses of five centigrams two or three times a day, or a simple decoction of from fifty centigrams to two grams of the plant in one hundred and twenty grams of water, is sufficient to regulate the contractions of the heart and to increase the intra-vascular pressure. Thanks to this remedy, and to its auxiliary, *Caffein*, we have often brought back to life patients whose situation seemed desperate.

Arsenic is the medicine for the beginning of the cardiac cachexia. The heart beats weakly, the pulse begins to show irregularities, the nights are oppressive and full of anguish, œdema of the feet appears and disappears. The principal indication for the choice of this mineral is the fear that fatty degeneration has commenced to attack the heart. *Arsenic*, by its profound influence on nutrition, is capable of holding in check, for a long time, passive dilatation of the heart, and of maintaining the equilibrium of the circulation. Dose, from four to six drops a day, of any dilution between the first and sixth.

Not less important than *Arsenic*, in the treatment of secondary dilatation of the heart, is *Phosphorus*, but it corresponds to a more advanced stage of the disease. The asystolism is more pronounced, bronchial catarrh has become more or less permanent, hemorrhages and passive pulmonary congestions take place, dyspnœa compels the patient to pass the night in an arm-chair. It is this condition of stasis in the lungs which ought to determine the choice of this remedy. Moreover, it does not seem possible to treat, with any chance of success, steatosis of the heart, without the aid of *Phosphorus*. We have no need to recall to mind in this connection with what rapidity this substance, introduced into the organism in a poisonous dose, transforms the muscular fibres, especially those of the heart, into fatty matter. We have also found this metalloid of great value in degeneration of the heart, whenever the pulse became irregular and intermittent, and vertigo more or less permanent. This agent is not less precious in aortic regurgitation and stenosis of the aorta of atheromatous origin. The pulse is small, intermittent, difficult to find at the wrist; vertigo and syncope indicate cerebral anæmia. For a dose I am accustomed to give one drop of the third dilution, three or four times a day, when I desire

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simply to re-establish the regularity of the circulation; but when vertigo predominates, and there is a threatening of syncope, I give one drop of the first dilution every two hours.

In the last place, I have a few words to say on the preparations of lime. They have no direct affinity for the heart, but on account of their well-known influence on nutrition, the phosphate and muriate of lime ought to be and are very efficacious means of quieting palpitating hearts in young people who are growing rapidly. We cannot obtain any important results while one of these salts does not enter into our plan of treatment. It would be useless to give them iron in any of its forms, for the case is not one of simple anæmia, but rather an impoverishment of all the reparative elements, caused either by a defective assimilation or by an excessive expenditure. Now it is just this malnutrition which *Calcarea* corrects. Let us hasten to say, that we do not attribute this salutary influence to any chemical action, but to its vital action on cellular nutrition. This can be proved by the doses we find most successful, which vary from one to six drops a day, of any dilution from the first to the thirtieth. In the affection which we are now considering, *Calcarea phosphorica* will generally have the preference over the other preparation, though we should choose the muriate whenever there is a tendency to gastro-intestinal catarrh.

Gentlemen, in bringing this essay to a close, I desire to beg your indulgence for anything in it which may be incomplete or imperfect. As a mitigating circumstance, I will ask you not to lose sight of the particular object of my work, which is to enable physicians who are not conversant with our doctrines to verify them, and this in such a way as to leave no doubt in the mind of the most sceptical experimenter. With this intention, I have limited the number of heart remedies to those which are most important. To speak of the virtues of *Agaricus*, *Belladonna*, *Carbo vegetabilis*, *China*, *Ferrum*, *Kalmia latifolia*, *Lachesis*, *Naja*, *Spigelia*, *Veratrum album*, *Veratrum viride*, and others, would have led us far away from the end which I had in view, and would have been an obstacle to precision and clearness. This, at any rate, is what I have aimed at. It is for you, gentlemen, to decide if I have succeeded. [*Applause.*]

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THE EXPERIENCES OF A SUCCESSFUL PRACTITIONER.

I.

THERE are some physicians who believe that the Code of Ethics was made solely for the benefit of the older members of the profession who have secured a position. I used to think so when I was younger. Now, I believe that the next thing to looking after your own interests and seeing that you have a fair show in the race for professional success is to stand up for medical ethics through thick and thin. Without shocking any personal modesty, I may say that I have followed out this principle with good result. There is such a thing as being charitable to your brother, and if you can only show that charity to advantage before a third person, you are quite sure to benefit yourself, especially if the third person is in need of medical advice. But all the while you must keep a single eye to the glory of the Code, and recollect that he who plays with fire must have a long reach. As I said before, I never lose any opportunity of speaking well of a professional brother when I am accidentally called to see his case. To this, in fact, I owe most of my success in practice; for not only will his patients force themselves upon me, but he will call me in consultation to others. As there are not a few who would like to know how this is done, I may perhaps flatter myself that a little detail of personal experience may not be uninteresting. By way of premising, let me say that I am particular to cultivate younger men and help them along in practice as well as I can. To illustrate this particular point, I will refer to an instance or two that occurred in the earlier practice of Pine Ridge, which showed the benefits of my magnanimous spirit.

One morning in driving through the village, I noticed the bright new sign of Dr. White. I smiled an inward satisfaction, and resolved to be his friend. At once concluding that I had more business than I needed, and that there was plenty of room for the new man, I resolved to call on him and welcome him to the town. This was done, and, to my surprise, he stated that he had not been led to expect such courtesy. The evening passed pleasantly, and, notwithstanding we were interrupted by my servant with fifteen calls for me, to which I must attend before retiring, the festivities were kept up until a late hour. As I left him I just happened to think of my patients, when he pitied me and charitably wished himself in my place. His young and innocent smile appealed to my heart, and soon after, when dropping to sleep on my couch, and thinking of his surprise at my fifteen extra patients, I resolved to be his friend. As he was working principally

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for a reputation, I commenced my good deeds by recommending to him such chronic cases as I did not want, and who could not pay. I introduced the first patient by note, and received a gracious and appreciative reply, which hangs, duly framed, in my office. But this is by the way.

I dropped in every now and then to see him, amd he being always in, I seldom lost the opportunity for a quiet and confidential talk. He was well prepared to practise, having studied two full years and attended in that time four courses of lectures, received two prize medals and a certificate for a month's attendance on a post-graduate course. My soul warmed at the opportunities I should have of recommending him accordingly to some of the good-paying patients I should send him. It may be well to state here that, at the outset of my acquaintance with him, I made him a present of a copy of the Code and secured his membership to our county society, thus insuring his professional standing. Need I say that, with all these advantages, the young man succeeded? He did. Is it a wonder that I should be gratified? Hardly. And could I be blamed for giving him help when he did succeed? But I proceed with my illustrations, and as details of cases are sometimes more instructive than generalities, I make no apology for introducing one or two here.

One summer afternoon I was driving past Smith's and was asked by Mrs. Smith to look at her son Harry. Notwithstanding I was in a great hurry, and had to visit thirty patients before supper, I consented to see the patient. I at once told the mother that the child was very sick; that it had evidently been left too long without proper treatment, and chided her for neglecting to send for me before. When she informed me that Dr. White was attending the case, I at once became mortified at my indiscretion, and, for a time, could not see my way clear to vindicate my brother's good name and uphold professional honor. Of course, I at once backed down, and openly confessed that I did not know that Dr. White was in attendance; that he was a good fellow, a friend of mine; that I was sorry I had said anything against him; that he was probably right, — at least, I hoped so; that it was against our Code of Ethics to criticise each other's treatment, to destroy the confidence of our patients, or in any way strive to replace each other. The child vomited at this time, and I arose to retire, declining to have anything to do with the case until Dr. White should be sent for. The appeals of the mother brought me back, and I held the child's head. At the same time I whispered words of kindness in his ear. I informed the mother if it were my case I should have the child seen to at once, and urged her to send for Dr. White. I found a

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good opportunity to say to her that Dr. White, although a very young man, with but little experience, was remarkably apt; that although he was brought up as a carpenter, he had learned the science of medicine in two years, and that such enterprising men should be encouraged. Politely declining to have anything more to do with the case, I gracefully retired, promising to stop myself and send Dr. White around. I did so, telling him what good service I had done him, and how necessary it was in all our relations to prevent ill-feeling and jealousy by sticking to the Code and acting squarely with each other. I heard no more of the case until that evening, when I was summoned to meet Dr. White in consultation. I informed the father who summoned me that I was very much pressed for time, but that I would, nevertheless, do all I could to help my friend White.

Having arrived at the house, Dr. White examined the patient first, but quickly yielded to me. Anticipating that the case would be a difficult one for diagnosis, I had brought all my instruments of precision with me. Unfortunately Dr. White had none of these, but I believed it to be my duty to give the patient every chance. I examined the eye with the ophthalmoscope, and demonstrated to Dr. White and the father of the child the commencement of a choked disk. Dr. White had never seen such a thing before, and he was honest enough to say so before the family. The ear speculum showed a slight opacity of the tympanum, due to thickening around the malleus and slight œdema over the site of the tensor tympani muscle. The laryngoscope disclosed patches behind the uvula and a slight paralysis of the right vocal cord. The cephalic temperature was slightly increased ($\frac{1}{20}\frac{1}{0}$ of a degree) over the right or affected eye. A slight aortic murmur and a crepitant râle at the base of the lung proved the value of a stethoscopic examination. The liver was normal, but, on account of the relaxation of the umbilical ligament, hung a little low. Thermometer in the rectum marked 101° F. Urine collected to be afterward examined. Tested on the spot by a urinometer, much to the satisfaction of the father, who was pleased with the delicate action of the instrument.

The rectum being examined, some ascares vermiculares were found indicating a faulty nutrition of that point. The worms were slightly asphyxiated. Unfortunately, Dr. White had not examined this part of the body, a fact for which he was quietly blamed by the mother, who said from the first she "thought it was worms." I politely informed her that the doctor had done everything that was really required, and that my examinations were necessary only for the sake of clearing up any doubtful points. In fact, it was only called for on the ground that experience had taught me that it was best to be on the safe side. The

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child having some diarrhœa, I asked to see the passages, remarking casually that now we should have a clew to the whole trouble. The mother had not saved the passages. Unfortunately for me, before I thought, I asked the doctor what was their character, and he was forced to reply that he had not examined them. Determined to shield the doctor, I changed the subject by remarking that after all it might not have been of any importance, only I should like to have seen them for my own satisfaction, — a matter so purely selfish that I was forced to smile as I referred to it. I forgot to mention that the prepuce of the child was slightly elongated; that he had a strong liking for sugar and peanuts; and was occasionally peevish when crossed.

While I was washing my hands the father was examining my instruments and asking the doctor all sorts of questions as to their use. I confess I was somewhat surprised at the latter's ignorance, and made an excuse to give the necessary explanations. This was done more to turn the subject of conversation than for any desire to satisfy the inquisitive parent.

After tucking Harry under the chin and bidding good evening to the parents, I retired with the doctor for formal consultation. We agreed that it was a simple case of intestinal irritation, and I suggested a change from rhubarb and soda to chalk mixture well sweetened and highly flavored. "But," said Dr. White, "how about the choked disk?" I replied that such, as well as the aortic murmur and increased cephalic temperature, was due to a slight congestion of the pons varolii, which was reflected through the vaso-motor system of those parts. He was satisfied, and thought it best to give such a diagnosis to the mother. I agreed, but he became confused in his explanations and I had to help him out. While Dr. White was in with the child, prescribing the new medicine, I started to go, when the father waylaid me in the hall, asking all sorts of questions about the case. I informed him that the child would probably get better now; that Dr. White, who although young was willing to learn, had agreed to change the medicine, and that if he was careful in studying the new symptons he would not need further assistance. While doing this I impressed upon him the fact that I was a great friend to Dr. White; that he was an exceedingly apt scholar, and, for his opportunities, he was the safest doctor of his age that I knew. Just then the doctor came out of the room, and I kindly put my arm in his, we walked out together, and I confidentially informed him that although his position was a little shaky in that family, I had done my best in accordance with the Code to hold up his hands and say what I could for him as a professional brother. He thanked me, and we parted on the corner.

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When I arrived at my office the father of the child was waiting for me. He requested me to see the patient again that night. The child had vomited since the visit, and the parent did not believe that Dr. White understood the case. In fact he desired me to attend it henceforth. This at first I flatly refused to do, but how I managed it afterward, to the satisfaction of all hands, will be seen in my next. — *Medical Record.*

GLEANINGS FROM HOSPITAL REPORTS.

BY LUTHER CLARK, M. D., BOSTON.

In the report of Bethlehem Hospital for 1878, Dr. Savage, speaking of remedial means in insanity, says: "I have already published in the 'Practitioner' several cases in which relief followed on the development of other diseased processes. The relief in many cases has been only temporary, but in some it has been permanent. The cases already reported I will only refer to in brief.

"Case 1. Melancholia passing into partial dementia following childbirth, recovered suddenly and permanently after the formation of a retro-uterine hæmatocele.

"Case 2. Mania of six months' duration, steadily improved and got well with a severe attack of toothache and gumboil

"Case 3. Acute mania of four months' duration, with recovery after inflammation of lower jaw due to a carious tooth.

"Case 4 Melancholia, temporary recovery during an attack of erysipelas of the head." Several cases of mental recovery in females with abscesses of the breast are mentioned.

"In cases of mental disease one cannot be too careful in the general diagnosis. In the majority of cases no other specific disease can be detected, but the number of cases that are admitted into asylums suffering from unrecognized phthisis should alone induce every one having charge of mental cases to examine so carefully as not to overlook any possible cause of disease."

One man, aged fifty-three, came into the hospital for insanity of nine months' standing, during which he had made five or six attempts at suicide.

"No improvement took place for ten weeks, when he had an attack of gout. He was at once sane and said 'he felt all right now,' and that he had not been so well since his last attack of gout. He has been used to have several attacks of gout yearly, but this year had been without one. He rapidly improved, but was kept under observation

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for many months, and continued well in mind, having his usual attacks of gout.

"Another very important question in insanity is its relation to syphilis. In some such cases all the difference between hope and despair lies in the diagnosis. Some cases of syphilitic insanity so closely resemble dementia or general paralysis that the best judges may be mistaken. I have seen some cases in which the patients passed through an ordinary attack of mania; but when they were expected to take a turn and begin to improve, they have remained stationary till it was discovered that they were also suffering from constitutional syphilis, the treatment of which resulted in a permanent cure."

In the volume of reports of Guy's Hospital for 1878, there is also an interesting communication from Dr. Howe upon *Antiseptic Surgery and Empyema*, in which is incidentally discussed the very important question of removal of mammary cancer by an operation. Though it is considered certain that cancer is a constitutional and not a merely local disease, and though Sir James Paget's opinion that not more than one in five hundred cases is permanently cured by an operation may be correct, yet it is argued that much may be gained by it. Even if the case is to terminate fatally in about the same length of time with or without an operation, yet there is in most cases secured a considerable interval of relief and comparative comfort to patient and friends. Again, the recurring disease is likely to be of a less distressing and offensive character than would have been the primitive disease if it had been unchecked in its course.

Such considerations, with the mitigating improvements in modern surgery, will weigh with homœopathists, who may hope to do something, during the respite gained, towards checking the fatal constitutional tendencies.

We quote the following paragraph:—

"Every one admits that the 'starting cause' of septicaemic conditions may be carried by students from the post-mortem and dissecting rooms to the patients. The fact that it is a point of honor for no one who has been in one of these places to go to an ovariotomy, puts this in a strong light. If this is so, the fact that students crowd round with surgeons and handle the cases as much as possible, may tend to explain why pyæmia occurs more often in our hospitals than in private practice."

In Vol. XIV. of St. Bartholomew's Hospital Reports is an analysis of four hundred twenty-three cases of *scarlatina*, whichthe writer (Dr. Evans) attended during six consecutive years, in the town and vicinity of Northampton, England. Dropsy followed as a sequela in fifty of the

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cases. Of these, forty-five occurred after simple, only five after anginous cases; according with the common opinion, that the lighter cases are oftenest followed by dropsy. Of these fifty dropsical cases, eleven were fatal, or twenty-two per cent; the dropsical effusion was never into the peritoneum, but into the pleura, pericardium, or arachnoid. Of the whole four hundred twenty-three cases, fifty-three were fatal, twelve per cent; of the cases classed as malignant, there were eleven (ten children and one adult); all died within thirty-six hours from the onset. Besides these, there were several cases without any eruption at all, ushered in with copious vomiting, quickly followed by extreme pallor and collapse, and terminating fatally in twenty-four hours or less. In Dr. Evans's treatment, even by his own showing, there is a sad lack of useful suggestions, especially to any one who can avail himself of the resources of homœopathy.

The "American Journal of the Medical Sciences" for April contains an elaborate article by Dr. Austin Flint, Jr., giving his "Experiments and Reflections" in regard to the *sources of animal heat.* He finds that the amount of heat consumed in maintaining the temperature of the body, and the amount converted into the force needed to carry on the vital processes, are much greater than the carbon and nitrogen consumed in the system can supply. When to this is added the heat needed to supply force to all the voluntary muscles, there is a large deficiency to be supplied in some way. Dr. Flint concludes that this large supply is furnished by the oxidation of hydrogen and formation of water. His experiments, made with much care and decision, show that the water which leaves the body in the various excretions is considerably greater in amount than that which enters it in the food and drink, — which goes far towards supporting his theory.

THE initial numbers of two new quarterly homœopathic journals on special subjects have come to our table, the first in July, "The American Journal of Electrology and Neurology," edited by Dr. John Butler, of New York, and published by Boericke & Tafel; the second in August, "The Homœopathic Journal of Obstetrics and Diseases of Women and Children," edited by Dr. Henry Minton, of Brooklyn, N. Y., and published by the A. L. Chatterton Publishing Company. The price of the first is fifty cents a number (eighty pages) or $2 a year, and of the second $1.50 a number (one hundred and twelve pages) or $4 per year. Both are very neat in appearance, the mechanical execution of the obstetrical quarterly being even elegant. We find some very valuable articles by good writers in both, and give them a cordial welcome with best wishes for their success.

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, OCTOBER, 1879.

A NEW college has been organized, and promises to go into actual operation Nov. 5th. Since it is universally admitted that the United States is already overrun with doctors, such as they are, having one to every six hundred of population, a ratio which is very much higher than obtains in any other country on the globe, it is naturally expected that any new institution for making them, when becoming a candidate for public favor, should be able to show a most excellent *raison d'être.* Therefore, we were curious, when we first heard of this project last May, to know in what its special excellences consisted, and while waiting for its announcement (which has finally arrived), we endeavored by private correspondence to satisfy our curiosity. We knew that there has been of late years great dissatisfaction with the old systems of medical teaching, to remedy which, strong efforts have been made in a few colleges to raise the standard to a much higher point. Was this new college, as it boastfully claimed, to take the lead in this higher education, and put many of the older ones to shame, or was it to be merely one more cheap diploma-factory, a poor one-horse mill for grinding out superfluous, illiterate, unscientific bleeders of the pockets (and possibly veins too) of unsuspecting members of the community? We are very sorry to say, that, so far as our investigation has at present extended, the new enterprise seems to approach nearer to the latter class than to the former. It is located in Buffalo, N. Y. We had never thought particularly of Buffalo's being so far out in the wilderness as to make the great medical centres inaccessible, and we had not heard of any sudden increase of its population of late, but we cannot be expected to know *everything*, even if we *are* editors, and doubtless failed to appreciate the situation, for the new announcement opens with these words: "For many years the Queen City has felt the necessity of a liberal medical school, which would instruct unbiassedly in the system having for its guide the treatment of disease in accordance with the law of correspondence or similars." The new dean, Dr. Wetmore, was only converted to homœopathy about two years ago, but immediately recognizing this long-felt want, this necessity which others had failed to recognize, he became the prime mover in the enterprise.

The following extract from the proceedings of the Erie County Ho-

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mœopathic Medical Society shows the feeling of the profession in that neighborhood: —

Propositions for membership from members of the Faculty of the new college, which were presented at a previous meeting, were voted upon, and rejected.

The committee, consisting of Drs. Osborne, Wage, and Stumpf, appointed at the last meeting to prepare and report a preamble and resolutions expressive of the feeling of the society towards the proposed new medical college, presented the following, which were read by the chairman, Dr. Osborne: —

WHEREAS, The Homœopathic Medical Society has learned through the daily papers and otherwise, that certain individuals have promulgated the scheme of an institution to be established in this city under the title of the Homœopathic College of Physicians and Surgeons — Modern School, and

WHEREAS, Such assumption of pseudo-homœopathic principles is reprehensible in those who by their acts and theories show forth an inclination to subvert and degrade the therapeutic law of homœopathy, be it

Resolved, That we, ignoring and discountenancing this ill-starred project, fostered by men, the majority of whom are not recognized as homœopathic practitioners by this society, most earnestly protest against the usurpation and adoption of the name of *homœopathy* in this connection; and be it

Resolved, That we warn our professional brethren in homœopathy and homœopathic patrons generally, against this attempt, as being uncalled for, deceptive, and non-homœopathic; and be it further

Resolved, That the project for a proposed college, assuming to represent homœopathy, does not receive the approval of the Homœopathic Medical Society of Erie County.

On motion, the report was received, and after some discussion the preamble and resolutions were unanimously adopted as the sense of the society. After the transaction of some routine business, the meeting adjourned.

D. B. STUMPF, M. D.,
Sec. Erie Co. Hom. Med. Soc.

We have been informed that one of the professors is vice-president of Dr. Pierce's World's Dispensary, a quack enterprise which advertises in almost every paper in the country among other wonderful remedies, "P. P. P." (Pierce's Pleasant Purgative Pellets). We are also told on good authority that the character of the new enterprise is such that not *one* of the older homœopathic physicians, and not any of four years' residence in Buffalo, could be induced to take a chair in it.

The new Faculty announce that, besides homœopathy, they will "teach the manner of using those therapeutical agents which the experience of ages has proven remedial and not unfrequently indispensable, such as purgatives, vermifuges, injections, astringents, protectives, alteratives, emollients, tonics, stimulants, sedatives, anodynes, soporifics, emetics, etc., etc. . . . In short, we purpose making our curriculum of study as thorough and scientific as any school in the Union." Really, they must be uncommonly smart men to do all

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this in sixteen weeks in each year, when the best schools now in existence find it necessary to spend eight or nine months. Their first lecture takes place Nov. 5, 1879, and Commencement comes Feb. 26, 1880.

In the midst of considerable high-sounding talk and large promises, occurs the following sentence. Did they build wiser than they knew, or is it a sly *double entendre?* "The Provident and Free Medical and Surgical Dispensaries are in the college building [Where? It is only a small, one-story edifice], and afford [What! already?] *rare* [italics ours] opportunities for the student to study the pathology of the great variety of diseases that are daily presented." "*Rare* opportunities" is pretty good. The very low fees ($50 per year, or $90 for perpetual ticket) may attract a few cheap students, but we should advise those who want a good, thorough education, and not merely a diploma, to go elsewhere.

DR. KAVALGIAN'S letter will interest, we think, not only his fellow-students and classmates (1875) of the Boston University School of Medicine, with whom he was quite popular, but also the profession generally. It is not often that we hear directly from such a country as Asia Minor, and that, too, from one who has gone out from among us and knows how to contrast that life with ours. We hope we are betraying no confidence in publishing the following extract from one of his letters: "Dear brother, take into consideration the construction of an Oriental mind, and you will believe me when I tell you how I am attached to my *Alma Mater*. My respect and veneration for her you will perhaps laugh at, when I confess that I kissed the threshold of the college door, when I made my last visit there before leaving America." He is working in Turkey for the moral as well as the physical good of his people. We all wish him success.

THE seventh annual announcement and catalogue of the BOSTON UNIVERSITY SCHOOL OF MEDICINE shows this school to be in a vigorous and prosperous condition. The following extract from its circular presents in a condensed form its position and claims: —

"For several years prior to the founding of this school there had been a profound dissatisfaction with the state of medical education in this country. This dissatisfaction seemed to be shared by every branch of the profession, whatever its principles or practice. The laxity of the existing schools with respect to the qualifications of students for admission, the period of their attendance, the conditions of promotion, and of admission to the degree of Doctor of Medicine, were almost universally felt to

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be disgraceful. During the decade immediately preceding 1873, several praiseworthy efforts were made in some of the stronger institutions to correct one or another of these perceived defects, but in no case was it attempted to correct them all. The Boston University School of Medicine was the first to present *in combination* the following essential elements of a thorough reform in this department of education: —

"*First.* The requirement that the candidate for admission must either present the diploma of a Bachelor of Arts or pass a suitable entrance examination.

"*Second.* The provision of a carefully graded course of instruction, covering at least three scholastic years.

"*Third.* The requirement that every student pass a successful examination upon the work of each year before promotion to the next.

"*Fourth.* The requirement, as a condition of graduation, not merely that the candidate shall have studied medicine at least three full years, but that he shall have attended a reputable medical school for three years.

"*Fifth.* The abolition of all sex disabilities either in teaching or learning.

"The unexampled success which has attended the new institution is sufficient evidence that the attempted reform is fully sustained by the public sentiment of the country. Encouraged by this support, the authorities of the school announced in the spring of 1878 other advance measures, to wit: —

"1. The extension of the annual lecture term, from five months to the full university year.

"2. The provision of two optional *Four Years' Courses* for those who wish to pursue their professional studies with exceptional thoroughness, and with suitable leisure for collateral reading; and

"3. The restoration of the long-lost degrees of *Bachelor of Medicine* and *Bachelor of Surgery*, to be attained by those who take a four years' course at the end of the third year."

These last changes were made deliberately, and with the prospect of two results: first, much more thorough and satisfactory teaching; second, a diminished number of students. Both results have been reached; but while the diminution of students was less than was expected, the opportunities for good teaching have been so much better that the permanence of the new features will undoubtedly be secured. Of course, such a departure from the old system of teaching, especially the thorough application of the three (and even four) years' graded course, with separate instruction for each class (as is the custom in public schools and academic colleges), instead of the old-fashioned repetition, year after year, of a single set of lectures for all students, whether just beginning or about to graduate, involves an enormous amount of extra work, which can be done properly only by a large Faculty. The best allopathic schools, recognizing this fact, have of late years doubled, trebled, and even quadrupled their teaching forces. The full Faculty of the school under consideration now numbers thirty-two men and women, who feel a deep interest in its welfare. They have all diligently sought to fit themselves for teaching practically, as well as theoretically, what-

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ever comes within their province. Sixteen of them (fully one half) have, in addition to a thorough course of study and graduation in this country, further pursued their investigations in European schools and hospitals. There has never been a time since the organization of the school when such harmony and unison have existed as at the present.

Each year brings some necessary changes in the Faculty, and among these this year we note the addition of Dr. Martha J. Flanders of Lynn, whose long experience and practical success eminently fit her for instruction in "Diseases of Children"; Dr. E. U. Jones of Taunton, who will undoubtedly give a valuable course on "Sanitary Science"; Dr. Samuel Worcester of Salem, who will lecture on a subject that generally receives too little attention, "Insanity and its Jurisprudence"; and Dr. F. L. Radcliffe of Lynn, who will assist the Chair of Obstetrics. In surgery, Dr. James B. Bell of Augusta, Me., will give lectures on "Special Operations"; while a course on "Surgical Anatomy" will be given by Dr. A. Boothby of Boston. These, with the other lectures on surgery, will make this department more complete than it has ever been before. Anatomy will be taught (with the assistance of Drs. Payne and Church) by Dr. Hastings, who for six years has filled the positions of assistant demonstrator, demonstrator, and lecturer on anatomy. Chemistry will be taught by Chas. R. Fletcher, S. B., a graduate of the Institute of Technology, who has continued his studies under some of the most noted chemists of Europe. The laboratory has been thoroughly refitted with apparatus just imported, and no pains will be spared to give instruction of the greatest practical importance to the physician.

Altogether, the outlook of the school was never so bright as it is now, and every homœopathic physician should do what he can to sustain these efforts to make it the best medical school in the country.

On Friday, Sept. 12, Capt. J. W. Phillips, of the well-known and popular steamer "Empire State," which for the last two summers has been making daily pleasure excursions from Boston to Provincetown, Isles of Shoals, Gloucester, Pigeon Cove, etc., etc., tended a complimentary excursion to the members of the Massachusetts Homœopathic Medical Society, with their ladies. Owing to the lateness of the season, the party numbered only about one hundred, although those who went enjoyed it to the full, the day being lovely, and the water, although pleasantly rippled with waves, being so smooth that nobody was sick. Off Baker's Island the steamer came to a stop, and the party was entertained by the interesting performances of Capt. Paul Boyton in his

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rubber suit in the water, building a raft, fishing, cooking and eating his dinner, smoking, firing off a gun, rockets, blue-lights, etc., saving a small boy's life (the same boy is miraculously saved every day), blowing up a ship with a torpedo, etc., etc. Music was furnished by the American Band, which always accompanies the steamer. A special entertainment was provided by the indefatigable secretary, Dr. N. R. Morse, consisting of a great variety of very good music by the Ryerson family and others, elocutionary readings by Edward Everett Parker, an address by Col. Fisher, secretary of the Homœopathic Yellow Fever Relief Association of New Orleans, a poetical effusion by Dr. Norton, and remarks by Drs. Sherman, Scales, Scott, and others.

Besides the homœopathic fraternity, there were also many allopathic physicians on board. Indeed, this day had been especially selected by the medical profession, irrespective of school, to testify to Capt. Phillips their appreciation of his generosity in giving them free tickets on his fine steamer. The "slight token" was a handsome French clock, with vases to match, of bronze and marble. The presentation speech was made by Dr. W. H. Page of Boston. Dr. Samuel Worcester of Salem acted as secretary. Capt. Phillips replied in a very pleasant manner. On the whole, the day was a most enjoyable one for all concerned.

THE September number of the "Cincinnati Medical Advance" contains the entire proceedings of the Ohio Homœopathic Medical Society, being swelled out to one hundred and forty pages. It will be sent to any address on receipt of twenty-five cents.

CORRESPONDENCE.

OUR LETTER FROM TURKEY.

Dear Gazette:—We have had a very hard time in every respect for the last two or three years. Of course you know all about the war, and the troubles of our country. We Christians especially have suffered very much, because the Turks have always regarded us as allies of Russia. You must have heard about the terrible massacre the poor Christians suffered in Bulgaria and Armenia proper. Thank God, we did not have any loss of life in this our part of the kingdom, on account of our being very near the capital, where the influence of the Christian powers of Europe is very strong. But we also have had our share of the general misfortune. Hordes of Circassians and Zeibeks

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(semi-barbarous inhabitants of the mountain districts), on the pretence of going to the war, gathered and formed troops, and began to rob and plunder, so that we were all in great anguish and anxiety, and obliged to shut our shops and stop business for fear of being plundered. Our government was already in a state of bankruptcy, so that nobody was willing to lend it money, and the country was already so poverty-stricken, that, as I used to tell you while in America, our *softest* time was *harder* than your *hardest time.* Being so straitened, the government became obliged to issue paper money to be able to pay the enormous expenses of the war. This paper currency became so depreciated that $10 in paper was worth but $1 in specie. The calamity of the people was extreme, but yet another and a more formidable visitation was awaiting us in the form of an epidemic of small-pox. Our Turks, although unable to defend themselves against the crushing force of the enemy in Europe, after a momentary success of their arms in Asia, had the foolishness to push an offensive war against Russia in the Asiatic domains of that power, and landing on the western shore of the Black Sea, excited the Mohammedan inhabitants of that district to take arms against the Russians, joining with them. After a short time, the Turks were obliged to beat an ignominious retreat, and there remained no other alternative for the native rebels but either to stay where they were and be murdered, or at the best be sent to Siberia by the Russians, or come over to Turkey with the returning Turkish army. This they did, being deceived at the same time by the representations of the Turkish generals that they would be cared for nicely in Turkey. It was the most heart-rending sight, those wretched emigrants that flooded our country, all of them reduced to the utmost poverty, naked and hungry. The beautiful young girls (and they are a very nice and pretty race, being true Circassians) were subjected to the atrocities of the Turkish soldiers and violated, and all the horde were so poor and sick that they died by the score, and propagated the disease I have mentioned. After passing through such an ordeal of fire, you may imagine very well in what a condition we are now.

In all these, thank God, we were protected — I and all mine — from any serious loss. I am making about $500 a year. You will laugh at this sum, which seems meagre to a doctor practising in America, I know, but it is quite enough for me to support myself and family, and besides I am also helping to educate a younger brother of mine, who is in the American College in Constantinople, getting ready to come to you to study medicine, as I did. When he comes back again, he will be a great help to me, and give me more time to devote to the

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moral and spiritual as well as the physical welfare of my poor people. As for my medical work, I like to give you information somewhat in detail, hoping that this long letter will not be a bore to you. While in America I used to think that if I returned, of course the people would be very glad to have me as their doctor; they would prefer me to the rough practitioners who used to maltreat and deceive them: but I found out very soon that this was not always the case. I have had to grapple with superstition and ignorance. Supposing that you are with me, let us go to make a first call on a patient. I must beg you beforehand not to laugh at me very much. We go through dirty and crooked streets and come to the patient's house. We have to take off our shoes at the door, and go up stairs, and find the sick man in a room closed on all sides except the door, getting light from above through holes in the ceiling covered with cup-shaped glass windows. You do not see anything else in the room, after getting used to the dim light there, but the bare walls on three sides, perhaps made of oaken planks. On the fourth and usually the eastern side stands the open fireplace. Had it not been for this fireplace, it would have been impossible to live in the room. These fireplaces are not like those you have in America, but are open almost to the ceiling, and big logs of wood are used for fuel. The floor is carpeted, and the sick man lies on a mattress right on the floor. The bed is surrounded by at least half a dozen persons, most of them old women, sitting so close to the bed that they almost blow in the face of the patient. At the head of the bed we shall very probably find a big bowl full of gruel, porridge, pickle, or almost any kind of viand that the patient may have a whim for at the moment; also a Bible, prayer-book, or anything of that kind, which they use as a charm to drive away the devils. Now let us go to the bedside to examine the case. First of all we must guard against asking any questions. The people around expect the physician to know everything about the case by only feeling the pulse, so that we have a great deal of guess-work to do. We must know what is the matter, and tell the patient that he has a headache or fever, is coughing, sneezing, purging or constipated, has eaten eggs or cheese, etc. They say, "If you are a doctor, you *must* know all these, you must be a prophet, or else what is the use of you?" If you cannot do this, and ask the patient what is the matter with him, all the fellows sitting there will wag their heads and make faces and grimaces, intimating that you will not do for their doctor. This is the way that our people are used to be dealt with. I think they are more to be pitied than laughed at. The barbers, charmers, and other charlatans practising here have basely deceived and cheated

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the community. But while lamenting thus, I just remember that when I was in America, I saw an announcement in a paper that Dr. So-and-so will find out the disease by merely looking at the patient, without even touching him or asking any questions. Why is it that the most useful and the noblest profession in the world is so encumbered with humbug and charlatanism everywhere? But let us return again to our case. Supposing that we have been lucky enough to please the patient and his people, and have the case in our hands, "Now, *masters*," they will ask, "how are you going to drug and treat our patient? How many pints of blood are you going to order to be extracted from this man? How many leeches are you going to order to be put on his stomach or at the temples or on the arms? Are you going to give him an emetic or a cathartic, so as to cause at least half a dozen watery stools?" Here is another source of difficulty between us and our patient. Our people are used to being drugged this way; the most heroic and the hardest treatment is regarded the best. You will often hear them say, "Dr. So-and-so gave me such a nice and efficient purgative that I almost had my bowels purged out, and quite swooned away, such a great physician he is." May is the appointed time for blood-letting and leeches and purgatives, so that gallons on gallons of life-fluid are spilled for nothing. The curious point is that the people used to this annual blood-letting feel very uneasy and heavy as soon as the appointed time comes. They have a throbbing sensation in the head, and hot feeling all over the body. You cannot possibly convince the fellow that this will very soon pass away of itself, or by proper treatment. No, he runs to the barber to be bled, and while the blood is yet flowing, he feels all right, and ascribes this wonderful cure to the overflowing blood, holding you as a practitioner not worth a snap and a know-nothing. Now, returning once more to our patient, how could we possibly venture to propose to him our pellets and potencies? The fellow will think that we are joking and making fun of him, and will turn us out. Here I leave you alone, and speak for myself again. I think you know already that I am not an exclusivist, I worship no *system*, but do what I think is the *best* for the case in hand. But I can conscientiously say that I have done a good deal for homœopathy, or rather the *truth* did a great deal for itself. I used this way of reasoning with my people, and it worked splendidly. I told my patients, "Now, my friends, leave off the old and nasty ideas of bleeding, and purging, and the nuisance of bulky and bitter drugs. I will try to cure you without them. Don't you think this is a better way?" "Certainly it is," they would answer, "if you could do anything with those trifles." "Try them," I said. They did try and got

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well. At first, they thought that I was using extremely concentrated medicines, powerful poisons, and of course most dangerous to life and health. But when they saw me swallowing tumblersful of the mixtures I was preparing for them, with impunity, they changed their mind, and going to the other extreme, took me for a charmer. They called my medicines *water of faith*, and myself a faith doctor.

In this country, generally there are very few who know homœopathy *as it is*, even among the physicians, although there are some who, having books and boxes, use our medicines. In Constantinople, after my return from America, I found an Armenian doctor, a graduate of the New York School, practising homœopathy exclusively, with good success. Some of the first families and pashas are patronizing him. There are also in the capital a Roman Catholic priest and a Bulgarian doctor practising homœopathy. As everywhere else, here also the *regulars* are bitter enemies to the new school, and are trying their best to prevent its spread. I think you have heard of Midhad Pasha, our best politician, who was exiled to Italy when the present sultan came to the throne. Before his misfortune he was the grand vizier, and a very great favorite with the former sultan. This man is a stanch homœopath. While in power in Constantinople, he got sick, and my friend, the Armenian doctor, treated him. During one of his visits, while sitting by the patient, there arrived the physicians of the sultan, whom he had sent, out of his love for the sick pasha. Here was a muddle. As we are not in America, we cannot always express our ideas frankly, so the pasha could not manage very well to turn out the sultan's doctors. And as the doctor would not have come in, had he known that there was a homœopathic "quack" present, my friend was obliged to pass to another room, while the official doctor made his examination and prepared his prescription. After he went away, however, his prescription went away also, and my friend continued to treat him with his pellets until the pasha got well.

Yours fraternally,

D. Seropé C. Kavalgian, M. D.,

Adapazar, Asia Minor, Turkey.

Societies and Institutions.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Reported by Charles L. Nichols, M. D., secretary.

The society met at the Bay State House, Worcester, Aug. 13th, Dr. F. R. Sibley in the chair. Clinical cases of infantile diarrhœa were

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reported by Dr. O. J. Travers, in which report were mentioned, as characteristics of this season, the violent vomiting which ushers in the attack, and the morning aggravation of the stools. He had used *Aethusa* and *Ipec.*, followed by *Pod.* or *Crot. Tig.*, but had found that *Ars.* cured the greatest number of cases. He also reported three cases of Tinea Capitis, in which, after failure of internal remedies, *Iris cerate* applied externally caused rapid improvement. Dr. L. B. Nichols then read a paper on Hemiplegia, giving cases from practice illustrative of its different causes and forms. In his treatment he found *Arnica*, *Rhus*, and *Nux* most beneficial. Dr. Whittier believed that the absorbent power of *Arnica*, spoken of in the paper as well as in other reports, was really the curative power of nature and not the medicinal effect of the remedy at all. Cases were mentioned by different members which seemed to be improved by medicine more rapidly than the ordinary workings of nature could account for. A committee was appointed by the chair to draw up resolutions upon the death of Dr. Howe. Ths following were presented and adopted: —

Whereas, This society, through divine dispensation, has been deprived of one of its members, L. G. Howe, M. D., a most promising young physician, one who was an earnest worker and stanch believer in the principles of homœopathy, a man who speedily gained the confidence of all with whom he came in contact, and who seemed destined to attain a high position in our ranks, therefore

Resolved, That we extend to his parents our sincere and heartfelt sympathy in their bereavement. While we feel so sensibly the loss to the profession, our society, and this community, we realize more fully their sorrow.

Resolved, That a copy of these resolutions be forwarded to his family, entered upon our records, and published in the local papers.

FRANCIS BRICK,
L. B. NICHOLS,
J. M. BARTON,
Committee.

At the afternoon session a paper was read by Dr. J. M. Barton upon Intermittent Fever. The miasm originates generally in marshy or newly turned land, and spreads in every direction horizontally, unless affected by wind currents. The writer considers the increase of this disease due partly to the clearing of the land in so many localities, and predicted its approach to this region in a few years for the same reason. He said that the cachexia was permanent and was said by some writers to increase with advancing years. He believed that the statements of physicians were unreliable when they promised cures by high potencies, with immunity from future attacks even after a new exposure; and although he found the thirtieth potency most useful to cure present attacks, he believed fresh exposure would and must necessarily cause more trouble.

After further discussion, the meeting was adjourned.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 11. NOVEMBER, 1879. VOL. XIV.

A CASE OF SPONTANEOUS PODALIC VERSION DURING LABOR.

BY CHARLES STURTEVANT, M. D., HYDE PARK, MASS.

I WAS called at six o'clock on the morning of Sept. 8, 1879, to see Mrs. A. B., a fleshy lady of about thirty-three years of age, whom I had attended in two previous confinements, the last perhaps a year ago. Labor commenced about four hours before I saw her, and I found upon examination a vertex presentation. The child lay very high, and the pains, though regular and frequent, were not strong or apparently very effective. As labor progressed, the head was forced down with every pain, but owing to the position of the woman, she being on her left side, and the fact that the pelvis was very broad, and the abdomen pendulous, the force of gravitation caused the child to slide down and away from the brim of the pelvis into the loose and flaccid belly, after every pain. In order to counteract this tendency, and to avail myself of the force of gravity, I raised the woman's shoulders and abdomen, and carefully placed beneath them a small crib-mattress, sliding it gently under the larger one upon which she was lying. After one or two pains I made another examination, and to my utter astonishment, discovered the *right foot*, covered by the membranes still unruptured, well down in the vagina. I am as absolutely certain that before this time the vertex was the presenting part, as I am that it was now the right foot.

After the change of position, the pains increased in force and frequency, and there was but one course to pursue, to deliver as a footling, which I did, employing the forceps to release the head. There was but slight pulsation in the cord, and the child gave no

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sign of life for a few moments, but after resorting to the ordinary expedients, the babe, a boy weighing eight and a quarter pounds, was soon out of danger. I may state as a part of this record, that the membranes were extremely firm and tough, and the liquor amnii almost as thick and opaque as starch.

NEURALGIA.

WRITTEN FOR THE GAZETTE BY DR. A. CLAUDE, OF PARIS.

[*Translated by W. L. Jackson, M. D., of Boston.*]

In a preceding communication I made an allusion to what the English and American homœopathists have called the lateral action of drugs. I reserve the privilege of one day resuming this subject, and of bringing to bear upon it considerations drawn from anatomy and physiology, and intend to demonstrate that upon this point, as upon many others, allopathy furnishes important arguments in favor of our method. But to-day I will limit myself to speaking of the indications which one can draw from such conditions. Even those who are but little familiar with this special part of our belief know the peculiar affinity of *Thuya* for the left side of the body. I once had occasion to profit by this knowledge to the benefit of a patient, as the following history will show. Madame T——, a young and pretty blonde of twenty-five years, had suffered for several years from fearful and almost constant neuralgia, seated in the left side of the face. I could make out in her case neither a *fièvre intermittante larvée** nor the existence of a cerebral tumor (the ophthalmoscopic examination having furnished only negative results).

It was neither the effect of an unsound tooth, of excessive privation or indulgence, nor the sequence of a repressed or constitutional disease. Her physician had tried in turn a tonic treatment, quinine, mercurials, hypodermic injections of various kinds, electricity, etc. The patient continued to suffer, and nothing in her face betrayed the terrible and almost constant pain which she experienced on a level with the left zygomatic process and malar bone. One of her good friends (I do not insist too strongly upon

* Under the name *fièvre larvée* are comprehended certain neuralgic and rheumatic phenomena which show themselves by a paroxysm, and over which quinia possesses a specific action.

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the epithet) counselled her to sacrifice her beautiful hair, but before proceeding to such an extremity she preferred to try either homœopathy or mesmerism. Homœopathy had the preference, and accordingly she consulted me in the spring of 1871. She had employed so many kinds of drugs that I knew not what to give her until I thought of the location of the pain. I prescribed several drops of the third dilution of *Thuya*, to be taken four times daily. Two days later Madame T—— was cured, and the affection has never returned.

In the treatment of neuralgia it is necessary to take account of many indications, and I think that to assign to one among them a marked preponderance over the others, or to attempt to classify them too strictly, is a bad practice. Shall we, however, make an exception as regards periodicity? but in those cases where it is profitable to take special notice of this, have you to do with an essential neuralgia or a *fièvre larvée?* Would it not be better to say that the periodicity is one of the elements which must never be forgotten in seeking our diagnosis?

Here is a case to exemplify this fact, which occurs to me even after the lapse of several years. Mademoiselle M——, aged twenty, was taken a week before coming to me with a double facial neuralgia, which made its appearance every day at noon. At the commencement there were slight chills, then violent, sudden congestion of the face, then the regular paroxysm, continuing two hours and gradually diminishing, leaving the patient quite prostrate. I gave her a powder of *Quinia Sulph.* gr. iii. at five o'clock. Notwithstanding the paroxysm was totally relieved and the patient relatively well, I gave another powder the following day, twelve hours before the presumed appearance of the pain, but it did not come as expected, and has never shown itself since. I know that a purist might have proposed *Cedron* on account of the daily regularity of the paroxysm, but I should remark that at the time of which I speak, I had but commenced the study of homœopathy, and after all, the homœopathicity of quinine in this case was unquestionable.

Madame X——, age thirty-five, dressmaker, nervous temperament and quite delicate, consulted me in December, 1877, at the dispensary. She complained of quite an abundant and creamy leucorrhœa, of a fixed pain seated in the neighborhood of the left

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ovary, which was increased at time of catamenia, of a neuralgia in left sciatic nerve, which often caused lameness. The left ovary was swollen and easily to be detected on palpation; the examination by the speculum showed a slight excoriation of the anterior lip of the os; the neck was not congested, and in short everything appeared normal except the exit of the leucorrhœal flow. Madame X——'s intelligence was but slightly developed, and she furnished with difficulty this incomplete history. I diagnosticated a chronic ovaritis (of about ten years' duration), which played the principal part, and as a consequence of this, the leucorrhœa and sciatica. The rachitic appearance of the patient induced me to try a treatment based upon her morbid constitution, and I prescribed a powder of *Calc. Carb.* 3d trituration, to be taken morning and night for one week. The following Thursday I was informed that the discharge had slightly diminished, but there was no amelioration of the other symptoms. I recalled the lateral action of *Thuya*, and I prescribed the 6th of this medicine. One week later I was obliged to acknowledge a fresh and complete failure, and consequently was compelled to recommence my investigations, and then I learnt that fifteen years before Madame X—— lived in the country. Her occupation at that time might furnish an indication. I made fresh inquiries, and learned that she was a milk-maid, but that she had left this occupation on account of a blow received on the left side from a cow's horn. You can readily conceive the conclusion which I drew from the fact. The lateral action was deposed by traumatism, and *Arnica* replaced *Thuya*. I began with the 3d, and passed week by week to the 6th, 12th, 30th, but stopped medication during the menstrual period. The flow stopped little by little, and had entirely disappeared in March, 1878, as well as the ulceration and ovarian tumefaction. As for the sciatica, it disappeared during the first fortnight. I have several times since had an opportunity of seeing Madame X——, and her disease has never returned.

NORTHEAST GEORGIA AS A HEALTH RESORT.

BY H. P. GATCHELL, M. D., ATLANTA, GA.

WHILE engaged more than twenty years ago in analyzing the vital statistics of the census of 1850, I was impressed with the

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salubrity of Northern Georgia, especially with the small mortality from consumption, these characteristics being most marked in Northeast Georgia. This region rises from the Chattahooche Ridge, with a general altitude of about 1,200 feet, to the base of the Blue Ridge at an altitude of 2,000 or 3,000 feet. The soil is, in general, a sandy, gravelly clay, resulting from the disintegration of the granitic rocks of the Blue Ridge, with enough of sand and gravel to render it, in most places, readily absorbent of water. The air is neither excessively dry nor excessively humid, the Signal Service Office in Atlanta reporting for the first four months of this year a mean humidity of 56.4.

A Californian, writing for the New York "Times" a just criticism on the article in "Harper" which I have alluded to, mentions two points, Atlas Peak and Blake's, on the East Napa Ridge, in California, as particularly desirable on account of the dryness of the air, the former with an annual mean of 40, and the latter of 57, — a singular difference between two points not far apart, and neither of them at a great altitude.

To enable the reader to judge better of the atmosphere of Northeast Georgia, I will give the mean annual humidity of several places, taken in part from the communication to the "Times," and in part from Prof. Kerr's "Geology of North Carolina," and will assume 56 as the annual mean of Atlanta.

Atlas Peak, Cal.	40	Wilmington, N. C.	56
Atlanta, Ga.	56	Blake's, Cal.	57
Charleston, S. C.	65	New York, N. Y.	67
St. Paul, Minn.	68	Santa Barbara, Cal.	69
St. Louis, Mo.	69	San Diego, Cal.	72
San Francisco, Cal.	73	London, England	80
New Orleans, La.	83		

It is at least questionable whether a degree of humidity below 50 is, under ordinary conditions, desirable. Excessive dryness is irritating to both mucous membranes and nervous system, to the latter especially, where, from an almost cloudless sky, a perpetual glare of sunshine prevails throughout the day; to which cause the large proportion of insanities and other diseases of the nervous system in California is probably, in a great measure, due.

From the scanty growth of moss and other indications, I judge that the humidity diminishes somewhat as we approach the Blue Ridge. But where this mighty wall uprears itself against the

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vapor-bearing strata of air, condensation is produced, rain descends and moisture increases, so that on the ridge at Highlands, at an altitude of nearly 4,000 feet, the record, irregularly kept for the first three months of this year, indicates for fifty days in those months a mean of 80, and for the entire month of April, one of 90.

Lest any reader who is unacquainted with the subject should be misled by the table which I have given, I will add that a distinction exists between absolute and relative humidity. Absolute humidity is the number of grains of water to the cubic foot of air, while relative humidity expresses the relation of this water to the capacity of the air for retaining it, this being proportioned to temperature. The table is one of relative humidity.

Having had an opportunity to observe through several months a hygrometer that indicated absolute as well as relative moisture, I can testify that the former also is low.

THE REGION FOR CONSUMPTIVES.

While consumptives in the North are rushing to the lowlands of the South, those in the Southern lowlands seek the uplands of Georgia and of North and South Carolina. No inconsiderable number can be found on the Chattahooche Ridge, or in a similar region in South Carolina, or among the mountains of the three States mentioned, who, threatened with death from consumption, fled from the lowlands, and recovered health in these higher regions.

I have seen from Atlanta, at an altitude of 1,200 feet, to Seneca City, S. C., at about the same altitude, consumptives from the extreme North, and from the hot, humid lowlands of the South, alike improved, fully sustaining an allusion which I made to it in a tract on Western North Carolina, which I wrote some ten years ago, and in which I mentioned it as the most healthful part of the Appalachian region. Consumptives that will not improve on the Chattahooche Ridge during the colder half of the year and on the seaward slope from the base of the Blue Ridge during the warmer half, will not be likely, unless in exceptional cases, to improve anywhere.

It would not be difficult to suggest some points in which the climate might be improved. But as a place of resort for invalids

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Northeast Georgia is not surpassed, possibly not equalled, by any other region in the United States.

Northeast Georgia has a soil that readily absorbs rain, it offers an altitude of 1,100 or 1,200 feet in the colder, and one of 2,000 or 3,000 in the warmer part of the year; its climate is neither excessively hot in summer nor excessively cold in winter; and it has an atmosphere of considerably less than ordinary humidity. Of a region in South Carolina, hardly as pleasant, Major De Forest, who was military commandant there after the war, writes:—

"Neither in Europe nor [anywhere] along the shores of the Mediterranean have I found a temperature which during the year round was so agreeable."

SMALL RATIO OF CONSUMPTION.

The ratio of mortality from consumption is small throughout this region. This I have verified in the country and in the smaller towns. And for Atlanta, the chief city of the region described, I have the testimony of physicians whose word is conclusive. Dr. Logan came to this city in 1856, and he has practised here the most of the time since. His professional position may be judged from the fact that he was chosen by his brethren in Atlanta to welcome the American Medical Association to the city. Dr. Logan informed me that he had seen not more than a dozen cases of consumption that originated in Atlanta. Drs. Owen and Crawford, physicians of reputation, told my son, the latter that he had seen but one in fourteen, the former that he had seen none in ten years. Many consumptives can be cured in Northeast Georgia, especially if their physicians will warn them to leave home in season, and will instruct them that they are not cured as soon as they begin to feel comfortably well, that the deposit is still in the lungs, and that in order to induce absorption of this deposit, both protracted change of climate and continued use of remedies are necessary.

If any physician wishes further information, I will cheerfully give it. I have also written a pamphlet, giving a somewhat particular description of this country. The writing of the pamphlet was a purely gratuitous work, prompted by a desire to make known in the North a most salubrious region, one eminently as a place for Northern people to settle. As I could not afford to publish the pamphlet, which was an amplification of an article which I

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began for the "Investigator," but enlarged too much for its pages, I applied to the managers of the Air Line Road to do so, and to make gratuitous distribution of it. To this they readily consented.

Any reader of the GAZETTE will receive a copy on sending me his address.

MORE ABOUT FLORIDA.

Since writing my article on the climatology of consumption (September GAZETTE, p. 193), I have seen a eulogy on Florida, by Dr. Frederic D. Lente, representing Florida on the Executive Committee of the Centennial Medical Commission. He says that when the temperature was in the eighties, he heard invalids "complaining from day to day . . . was gratified when the mercury showed sixty-nine at the same hours on the 16th, to hear their expression of relief and to see their entire change of manner." One would think that Dr. Lente might have reasoned to the conclusion that a climate where the mercury does not climb into the eighties in the winter might prove still more favorable to invalids, and that he might, without putting a great strain on his intellect, have asked himself the question, whether a temperature usually below sixty-nine in the warmer part of the day might not prove still more beneficial.

Long experience has taught me that most consumptives do best when the weather is cool enough (or nearly so) for frost at night. Even those who are unduly sensitive to cold, and who complain of it in such weather, acquire appetite and strength, and experience general improvement. Having received a considerable number of invalids from Florida, I have had opportunities for noting and contrasting the influence of the climate of Northeast Georgia as compared with that of the Peninsular State, and the results have all been in favor of the former.

In the comparison, nothing has been more noteworthy than the diminished hardiness of constitution induced by the climate of Florida, and the increase of vigor conferred by that of Northeast Georgia. Even the very small proportion who had felt an increase of comfort in the climate of Florida found themselves debilitated.

[NOTE.—In Dr. Gatchell's previous article in the GAZETTE, on page 197, 11th line from the bottom, for "mortality from consumption" read "mortality from pneumonia." On page 199, 19th line, for "winters" read "northers."]

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, NOVEMBER, 1879.

OLIVER WENDELL HOLMES a few weeks ago celebrated his seventieth birthday. The daily press teemed with appropriate eulogistic notices and congratulations, as had previously been the case when Bryant, Longfellow, and Whittier attained the same age. We are very glad that this custom has been inaugurated, because we hope, Providence permitting, to live the allotted time of threescore and ten years ourselves; and as Dr. Holmes has, in at least one of these instances, expressed his appreciation of the happy recipient of congratulations, we, following his example, desire to put on record our estimate of him.

Candidly, leaving aside his denunciations of homœopathy, we heartily concur with the almost unanimous opinions recently expressed in the newspapers as to the high rank which must be assigned to him. His originality is remarkable. His novels, so different from the common run, all written with a deeper design than merely to while away a leisure hour; his ever-interesting Autocrat series, under the guise of light reading compelling some, who would never think of such diet without the fancy cooking, to swallow sober thoughts which do not seem distasteful even to them after once having been taken in; his poems, which are always so graceful, sometimes bubbling over with wit, sometimes enlivened with sly digs of sarcasm, sometimes filled with pathos, sometimes simply pretty, always appropriate to the occasion, always readable; his lectures on anatomy at the Harvard Medical School, which we, who heard them as students, regarded as coming just about as near perfection as any such lectures could come, the accurate delineation of the structures of the human body, which naturally grows more or less irksome if too monotonously persisted in, being every now and then enlivened by some brilliant sally, which flashed among the dry bones like a streak of lightning in a lead-colored sky, relaxing the sober strain of the mind, and enabling it, thus relieved, again to attack the real work with zeal, — all these, coming from one man, certainly show him to be a genius. But who ever knew the mind of a genius to be perfectly rounded, — if the normal shape of the human mind *is* spherical? (In fact, we must confess to a painful consciousness of a slight flattening at the poles in our own case, — in another direction, however.)

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Dr. Holmes himself, in his well-known lectures on "Homœopathy and its Kindred Delusions," delivered about forty years ago, when we were as yet, to quote Holmes's own words, "scarcely more than uterine possibilities," can hardly speak too highly of the many intellectual and moral qualities of the renowned Bishop Berkeley. He approvingly quotes Sir James Mackintosh's eulogy of him as follows: "Ancient learning, exact science, polished society, modern literature, and the fine arts contributed to adorn and enrich the mind of this accomplished man. All his contemporaries agreed with the satirist in ascribing 'to Berkeley every virtue under heaven.' Even the discerning, fastidious, and turbulent Atterbury said, after an interview with him, 'So much understanding, so much knowledge, so much innocence, and such humility, I did not think had been the portion of any but angels, till I saw this gentleman.'" And yet Holmes discovers in Bishop Berkeley this singular weak spot, — that he regarded *Tar-water* as almost a universal panacea for the ails of mankind; and he sarcastically gives an account of the ridiculous Tar-water mania, in order to draw a parallel between it and homœopathy. Now, would it be very presumptuous to suppose that the great Oliver Wendell had at least one weak spot in his intellectual make-up? For the benefit of those who have not recently reread the lectures already alluded to, we quote a little from near the end: "Such is the pretended science of homœopathy. . . . A mingled mass of perverse ingenuity, of tinsel erudition, of imbecile credulity, and of artful misrepresentation, too often mingled in practice, if we may trust the authority of its founder, with heartless and shameless imposition. Because it is suffered so often to appeal unanswered to the public, because it has its journals, its patrons, its apostles, some are weak enough to suppose it can escape the inevitable doom of utter disgrace and oblivion. Not many years can pass away before the same curiosity excited by one of Perkins's Tractors will be awakened at the sight of one of the Infinitesimal Globules. If it should claim a longer existence, it can only be by falling into the hands of the sordid wretches who wring their bread from the cold grasp of disease and death in the hovels of ignorant poverty."

Perkins's Tractors lasted about fifteen years: homœopathy has lasted already not very far from eighty years. Therefore, perhaps we and our colleagues are the "sordid wretches" referred to in the above pretty little quotation. Forty years ago, when Dr. Holmes wrote, homœopathy in this country was so weak that probably not more than one in a thousand of the population had ever heard the word. Now, instead of "the inevitable doom of utter disgrace and oblivion," we are comparatively such a mighty force that — but as our readers are mostly

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homœopathic, it is unnecessary to tell them what we are. We will only say that if we increase during the next forty years as we have during the last forty, the medical profession will be made up almost entirely of "sordid wretches who wring their bread from the cold grasp," etc.

Dr. Holmes, in these Lectures on Homœopathy, in order to cast upon it all possible odium, marshals it in the bad company of the Weapon Ointment, the King's Touch for scrofula, the Tar-water mania of Bishop Berkeley, Perkins's Metallic Tractors, Astrology, Alchemy, etc. He argues from one to the other, and thinks that they are all equally delusions and snares. He seems to have a particular faculty for searching out and emphasizing the imperfections and weaknesses of the new system, for twisting and distorting facts in such a way as to make a great display of such as are needed for his argument, and for quietly ignoring the solid substratum upon which the whole edifice rests, rotten planks as well as sound. Would it not be utterly ridiculous to suppose that a new system of medicine could be suddenly evolved by one man, no matter how able, without many crudities clinging to it, which have to be cleared away by others? And is it characteristic of the highest order of a philosophical mind to be so blinded by those crudities as to be rendered incapable of discerning the great underlying truths? Holmes is a brilliant man, and others have always enjoyed his brilliancy. Probably he himself could no more restrain the exercise of his peculiar faculties when tempted by a superficial glance at (not thorough study of) the new homœopathic doctrines, than a boy with a new, sharp jack-knife could help cutting every piece of wood or other sufficiently soft material within his reach, even including the rosewood piano. If there should happen to be dirt on the piano, possibly the boy might have some excuse. This is just where the trouble is with homœopathy. We have underneath, as we have often proved, a good piano, *but there is dirt on the piano.* The really able men in the allopathic profession, the advance guard, who will ultimately lead by the nose the common herd, the Ringers, the Phillipses, the Barthalows, etc., are every month coming nearer to the central, underlying truth of homœopathy, whether they acknowledge it or not. On the other hand, many of our own body will have to throw overboard before long (as many already have) some really ridiculous notions, handed down from the originator of our system, or started by some of those ultra-enthusiasts who will be found in any body of men. They will have to leave off deifying Hahnemann, and see if they cannot, in the light of the present day, impious as it may seem to them, make such new discoveries or improvements as will put homœopathy — not necessarily Hahnemannism — on a firmer

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basis. One of the first things to do will be to disown universally, as most now do individually, such trash, so disgusting to a sensible man with any love of science in his soul, as the following from Hering's proving of *Coca*, published in the "Hahnemannian Monthly" a few years ago: "Symptom 774. Woke at 7 A. M. with very vivid recollections of a dream in which he held a beetle of the largest kind by the upper part of its body in the agony of death, firmly grasped between the index finger and the thumb, so that it could not hurt him, and wondered at the great power it exercised to get loose and bite him."

Ibid., Symptom 776. "Dreamed of fighting for a long time with six or seven black generals, who at last succeeded in garroting him, binding his arms with ropes, preventing his further defence, and causing him great agony of mind."* We are told that Lippe gave as a symptom produced by *Antim. crud.* "ecstatic love by moonlight." Whoever this spooney prover was, the symptom was considered of sufficient value to appear in "Hering's Condensed Materia Medica." From anything else that might have appeared *before condensation* "Good Lord, deliver us." We find in the "Analytical Therapeutics" recorded under *Natr. Mur.* the strange feeling, "inclination to lie down after dinner." These are merely samples.

What with such symptoms and the millionth potency, if you had the tenth part of the wit and sense of the ridiculous that Holmes has, would n't you laugh?

We learn from Boericke & Tafel that there is an opening in New Orleans for a good *German* homœopathic physician. The population is estimated at 200,000, of which from 25,000 to 30,000 are Germans. There are only ten homœopathic physicians practising in the city, and none of them speak German. An energetic man speaking French could also soon establish a paying practice.

The A. L. Chatterton Publishing Company are making preparations to publish a directory of homœopathic physicians in New York, New Jersey, and New England. We hope that all the postal cards they have sent out asking for information will be promptly answered, as we really need such a work, and nothing is more disappointing than an inaccurate directory.

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* Query, What would be the remedy for six or seven black *majors?*

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CORRESPONDENCE.

TO THE EDITOR OF THE NEW ENGLAND MEDICAL GAZETTE:

Having made the acquaintance of Dr. Hughes, he very kindly invited Dr. G. F. Forbes and myself to attend the meeting of the British Homœopathic Congress, which was held at Great Malvern on the 11th of September, and I regret that we were unable to attend, and so send an account of the proceedings; but my time has been so fully occupied with my own favorite study that I have had time for little else. I cannot give you an account of the many interesting cases which I have seen, neither would it be wise to do so, as I am aware of the fact that the busy practitioner cares only for those things which are new, or the questions which are still debatable, and these condensed as much as possible; for what is received as truth to-day may by the clearer light of to-morrow's knowledge, be regarded as false. It may therefore be of interest to some of the many readers of the GAZETTE to know what are some of the bones of contention in the surgical schools of the Old World at the present time. It was said by some, when the ligation of arteries first began to be practised, that it was foolish to hang human life upon a thread when boiling pitch had stood the test for ages; but the thread even is now discarded by some, they relying entirely upon torsion, while other ligate the most minute branches. The former class, among whom are some of the staff of St. Bartholomew's Hospital, of London, claim that it is better not to ligate at all, except where there are small arteries, embedded in hard, indurated tissue, where torsion cannot be applied; while upon the other hand such men as Prof. Czarney, of Heidelberg, ligate every artery that is large enough to be found. The Esmarch bandage, which was in such vogue at one time, has fallen much into disuse, except in cases where careful dissections are required, as the pressure upon the blood-vessels produces paralysis of their walls, and as a result, a large amount of oozing of blood afterwards. It is very seldom used in cases of amputation.

Lister's antiseptic method, like many other good things, is believed in by many and practised by few, as it requires such a vast amount of care and continued painstaking. I am informed upon good authority that only two out of the multitude who have been his students now follow strictly his teaching, while a majority of the surgeons of London use the spray in many cases, and more or less of the dressing; but whether this half-way method of using it is of any material value is still a question.

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The subject of nerve-stretching, as well as of reuniting the ends where they have been severed and the wound allowed to heal without the ends being in apposition, is exciting considerable interest at the present time, and although the success has not been marked, it has inspired the hope that some good may yet result. In all cases where nerves have been thus severed, there has been found a bulbous enlargement of the upper end of the nerve, showing signs of an effort upon the part of nature to repair the injury. The operation in these cases consists in dissecting up the ends of the nerve, freeing them from indurated tissues, then by stretching, bringing them together and holding them in position by stitching the sheath.

J. K. WARREN, M. D.

LONDON, Sept. 22, 1879.

SOCIETIES AND INSTITUTIONS.

HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

REPORTED BY H. M. PAINE, M. D., ALBANY, NEW YORK.

THE annual meeting of the society was held at Saratoga, July 8, 1879. The following officers were elected for the ensuing year: President, Dr. J. F. Niver; Vice-President, Dr. F. E. Hale; Secretary and Treasurer, Dr. J. A. Pearsall Delegates to the American Institute, Drs. J. F. Niver and S. I. Pearsall.

The president and secretary were authorized to assign subjects to the members of the society, for consideration and discussion at the next meeting.

Dr. H. M. Paine read a paper on "The Ventilation of Soil and Waste Pipes and Under Drains." The following resolution was adopted: —

"WHEREAS, Numerous instances of serious and frequently fatal diseases are directly traceable to imperfect construction or defective arrangement of soil or waste pipes in dwelling-houses, factories, and all habitable buildings; and

"WHEREAS, Such defects are frequently the result of erroneous views of well-established principles of ventilation on the part of owners of buildings or those to whom the work is intrusted; therefore

"*Resolved*, That in the opinion of this society, it is exceedingly important that the construction of plumbing work in all cities and villages should be done under the supervision of competent authority."

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Dr. Paine read a paper entitled

"*The Law of Potencies: The Minimum* vs. *The Small Dose.*"

The following extracts set forth the more salient points:—

"This theory of dynamization, if it means anything, means that the medicinal activity of drugs is increased by subdivision and succussion. While prepared to admit, to a certain extent, the utility of subdivision and the increased rapidity of action obtained thereby, the other idea — that of increased power through succussion — is one unsupported by any known facts in physics or physiology.

"If we accept the views of modern chemists and physicists, that matter is not infinitely divisible, and accept the asserted weight of the ultimate atom of hydrogen, we find when homœopathic dilutions have reached to about their tenth attenuation that the last molecule of the drug is somewhere in the bottle; but in going to their next higher dilution the chances are just ninety-nine to one it will be kept out of the succeeding vial, and all after that will be well-shaken alcohol, with no drug left.

"It was to escape this obvious dilemma that the dynamization theory was invented. Granting the gradual extinction of the material portions of the drug, Hahnemann claimed that there yet remained a spiritual essence capable of infinite diffusion, which, when stirred up (by shaking), was enabled to produce the most extraordinary results. It is this theory that this society at its last annual meeting formally abandoned.

"Dr. Samuel Potter, in his admirable and unanswerable argument, entitled *The Logical Basis of the High Potency Question*, page 9, states substantially: That chemistry is unable to furnish proof of the material presence of the medicine beyond the *third* potency; the spectroscope gives no evidence beyond the *fifth;* the microscope none beyond the *seventh;* and the theory of molecular magnitudes (mathematical demonstration) stops at the eleventh centesimal dilution.

"Science, therefore, fails to demonstrate the presence of the drug in any higher attenuation than the tenth or eleventh. Notwithstanding this fact, we are expected to accept the unsupported asseverations of Hahnemannians to the effect that attenuations, carried infinitely beyond these reasonable limits, act homœopathically. We are repeatedly urged to accept, as *homœopathic facts*, alleged cures by potencies ranging from many hundreds or thousands to the fifteen millionth, a case purporting to have been cured by that preparation being reported in the April number of the 'Medical Investigator.'

"The causes which have led to the adoption of this strange and visionary phase of homœopathy have originated in the acceptance,

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without sufficient and thorough investigation. of the fallacious doctrine of the *minimum dose* and the absurd and unphilosophical *theory of dynamization*.

"The theory of the minimum dose, having been proven unsound and irrational, should be discarded, and the *theory of the small dose* substituted. The theory of the small dose, within the generally accepted limits of material medication, can never be considered extravagant, unreasonable, or unphilosophical; therefore will not impede the acceptance of the homœopathic principle; but will, on the contrary, favor its adoption and more frequent application in practice by all classes of medical men.

"Let us, then, as representatives of that which is rational and conservative in the homœopathic school, recommend discarding the theory of dynamization and the doctrine of the minimum dose, and substituting for the latter the *theory of the small dose*.

"The following propositions are intended to set forth the reasons why homœopathists should clearly define their position regarding these fundamental errors of practice: —

"1st. The suggestions recommended by Dr. Hahnemann having been carried out to the letter, no apparent practical advantage to homœopathy has resulted therefrom.

"2d. The inability on the part of Hahnemann and his followers to explain the principles involved, at first enforced a prolonged series of experiments which, having been carefully made, have failed to establish the soundness of the theory of dynamization.

"3d. The decided preponderance of evidence in favor of the assumption that the alleged cures are the results of psychological, magnetic, or other occult influences, having no relevancy whatever to homœopathy.

"4th. The doctrine of the *small dose*, a corollary of the law of cure, *is essential*, and within the limits of material quantity, is reasonable and philosophical, and is a proper subject for investigation from a homœopathic point of view.

"5th. The doctrine of the *minimum dose*, a product of an error of judgment on the part of Dr. Hahnemann, is unsound in principle; evidently non-homœopathic; and being associated with homœopathy, has greatly retarded its progress and prevented its general acceptance and adoption, by affording license for a very extravagant, absurd, and usually unreliable method of treatment.

"6th. The adoption of the only prudent, safe, and conservative course, in order thereby to promote and preserve the true interests of homœopathy, by formally disassociating it from the doctrine of the *minimum dose* and the *theory of dynamization*."

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Dr. Paine also offered the following, which was adopted: —

"*Resolved*, That a committee be appointed to collect and present at the next meeting of this society such evidence as they may be able to obtain bearing on the laws of potencies, with special reference to the homœopathicity of alleged cures by highly attenuated medicines."

Drs. Paine, French, and Hale were appointed such committee.

Dr. Paine called attention to a criticism of the resolutions discarding the theory of dynamization, adopted by the society at its last annual meeting, which criticism was written by Dr. Gaillard, of Brussels, who is evidently a strict Hahnemannian. Dr. Burggrave, a homœopathist of the same city, having published a condensed report of the preamble, and the resolution in full, with favorable comments thereon, the truthfulness of his statements was questioned, and the existence of the society doubted by Dr. Gaillard, because he had never observed any report of its proceedings in the numerous homœopathic medica. journals of this country.

On motion, the secretary was requested to publish a full report of the proceedings of the society in one or more homœopathic medical journals.

Dr. Paine offered the following, which was adopted: —

"*Resolved*, That we approve the series of experiments instituted by the Milwaukee Academy of Medicine with a view of determining the scientific qualities of the thirtieth Hahnemannian potency, and hereby recommend that a committee of this society be appointed to coöperate with the committee of the Milwaukee Academy for the purpose of promoting the proposed investigation."

Drs. J. A. Pearsall, Shaw, and Slocum were appointed such committee.

The society adjourned to meet at Saratoga Springs on the second Tuesday in August, 1880.

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

OFFICERS 1879-80.

President, N. D. Anderson, M. D., New Haven. *Vice-President*, W. B. Dunning, M. D., Hartford. *Recording Secretary*, H. M. Bishop, M. D., Norwich. *Corresponding Secretary*, G. P. Swift, M. D., Waterbury. *Treasurer*, J. D. Johnson, M. D., Hartford. *Librarian*, G. H. Wilson, M. D., West Meriden. *Board of Censors*, H. E. Stone, M. D., Fair Haven; C. E. Sanford, M. D., Bridgeport; G. F. Foote, M. D., Stamford, C. J. Mansfield, M. D., Meriden; E. P. Gregory, M. D., Waterbury.

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Reviews and Notices of Books.

Manual of Operative Surgery. By Stephen Smith, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospitals, New York. Boston: Houghton, Osgood & Co. 1879. Pages 689. $4.00.

This book was originally prepared in 1862 for military practice, where it was very popular, and its scope has now been enlarged by including also the general operations of surgery in civil practice. The author has embodied the teachings of recognized authorities on every subject, as gathered from their writings, and in many cases, indeed, he has submitted to those authorities themselves his manuscript for their revision or sanction. To preserve a uniformity of style, however, he has very wisely incorporated the opinions of others into his own smoothly flowing text, giving credit by a single letter, which indicates merely the name of the authority, at the bottom of the page. The book contains a very large number (733) of illustrations, many of which have been made especially for it. They are a very valuable feature. We are really surprised that so much information has been crowded into such a small compass, but the paper, though good, is thin, and the type is small, though very clear. Embodying, as it does, the results of many years of such experience as Dr. Smith's, we think it cannot fail to be of great service to any surgeon or physician, by reason of its explicitness on all the details of almost every conceivable operation. We heartily commend it.

Manual of Physical Diagnosis. By Francis Delafield, M. D., and Charles F. Stillman, M. D. New York: Wm. Wood & Co. 1878. Pages 30. $2.00.

Dr Stillman's two drawings, with superimposed plates, are really very fine. We are sorry, however, that we cannot say so much for the rest of the book. Our ideas are so well expressed by the review of this book in the "Boston Medical and Surgical Journal," that we quote a part of it with our indorsement: "We have no hesitation in saying that this book is unworthy of its distinguished author (Dr. Delafield). Entitled a 'Manual of Physical Diagnosis,' it contains scarcely more than an allusion to other methods of exploration than auscultation and percussion, and as a compend of information desirable from these methods, it is certainly as remarkable for what it omits as for what it contains. It is indeed a skeleton, but one with very many of its bones

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missing. . . . In conclusion we would say that this book can be of no possible use to one fit to be a teacher, and one which we see no reason to recommend to a student."

THE ADVANTAGES AND ACCIDENTS OF ARTIFICIAL ANÆSTHESIA. By Lawrence Turnbull, M. D., Ph. G. Philadelphia: Lindsay & Blakiston. 1879. Boston: A. Williams & Co. Pages 322. Second Edition.

The rapid sale of a large edition of this work in one year shows the appreciation which it has met with in the profession. Experiments with hydrobromic acid have been added to the second edition, and also more practical suggestions as to the employment of the anæsthetics which are safe. Dr. Turnbull has now collected three hundred and seventy cases of deaths from chloroform, which have been reported and fully authenticated, in addition to the necessarily large number of deaths unreported, "which, like fatal operations in surgery, never see the light of day, and are therefore of no use to warn the careful observer." Naturally he favors ether. The whole subject of all the different anæsthetics and the different inhalers and methods of administration is fully discussed.

PHILLIPS' MATERIA MEDICA AND THERAPEUTICS; VEGETABLE KINGDOM. New York: Wm. Wood & Co.'s Library of Standard Medical Authors. 1879. Pages 323.

At the first examination of this book, we were quite pleased to find it, not exactly another Ringer, but certainly, with the long space devoted to the physiological action of each drug, and the manner of treating it, an allopathic Materia Medica with a very strong leaning to homœopathic methods. Since our first examination, our surprise has been somewhat diminished on learning that this Dr. Phillips spent the best part of his life — about thirty years — in the practice of homœopathy, in Manchester, England, in which he was very successful, but being desirous of becoming a professor, for which there was no chance in homœopathic ranks in England, he suddenly discovered that he had been in error for these thirty years, and went over to the other side. Moving to London, he was appointed lecturer on Materia Medica in the Westminster School of Medicine, and brought out this book, which met with a flattering reception everywhere from allopaths. In fact, much of this valuable material, new to them, was supplied from his long homœopathic experience. Last December, we are sorry to say, he met with a railroad accident, and sustained severe injuries. He has recovered £7,000. At the trial it was stated that his income for

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the last three years had averaged £7,000 a year, not including special fees, one of which amounted to £5,000.

PRACTICAL MIDWIFERY. By J. H. Marsden, A. M., M. D. New York and Philadelphia: Boericke & Tafel. 1879. Pages 315.

We are quite pleased with the arrangement of material in this book, as well as with the way in which the different subjects are handled. The author has wisely omitted those preliminary topics which usually take up a good deal of room in books on midwifery, such as the anatomy and physiology of the reproductive organs, embryology, theories of conception, etc., with which the student ought to be already familiar, and thus he gains space to discuss things more practical, without making too bulky a book. Some points here and there we should feel decidedly inclined to criticise, such as Dr. Marsden's instructions always to give chloroform before applying the forceps (page 253), etc., and we are certainly upon the list of those whom the author expects to be "disappointed and surprised at the absence of all pictorial illustrations," not agreeing with him that they always tend to create erroneous views. Still, we have enjoyed looking over his book very much, and are pleased to see that he does not soar to Guernsey's heights, but is willing, when necessary, to avail himself of more rational measures.

THE STUDENT'S GUIDE TO THE DISEASES OF WOMEN. By Alfred L. Gallabin, M. A., M. D., of London. Philadelphia: Lindsay & Blakiston. 1879. Pages 370.

Another book on this subject, on which this firm has already published more than half a dozen within no great length of time. The author, in order to make a condensed treatise, has omitted such subjects as are usually found in midwifery text-books, such as extra uterine fœtation, retroversion of the pregnant uterus, etc.; also those that may be found in all surgical works, as ruptured perineum and vesico-vaginal fistula. There are sixty-three illustrations, mostly of instruments, and the mode of using them. The style is clear and smooth, and the book undoubtedly makes a very good compend of modern allopathic gynæcology.

HOMŒOPATHIC THERAPEUTICS. Second Edition. By Samuel Lilienthal, M. D. New York and Philadelphia: Boericke & Tafel. 1879. Pages 835.

"It is an ill wind that blows nobody any good." To the disastrous fire which last spring burnt up so many of the publications of this enterprising firm do we owe the appearance so soon of the second edition

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of this valuable work. We say "so soon," because its appearance some time was a certainty, such a flattering reception has it already met with from the profession. When Dr. Lilienthal found that his publishers had lost all the copies they had on hand of his book, he immediately set to work to improve the opportunity offered, and correct mistakes and misprints, make additions and alterations. The result is improvement in every respect. To those who have not seen the first edition, we would say, that this book is eminently practical, and belongs on every office-table, among the constantly used equipments of our work.

A COMPENDIUM OF THE MOST IMPORTANT DRUGS, with their Doses according to the Metric System. By Wm. F. Whitney, M. D., and F. H. Clark. Boston: A. Williams & Co. 1879. Pages 40.

We are very much pleased at every indication of an effort to substitute the beautiful French system of decimal weights and measures for our barbarous old conglomeration of senseless, arbitrary standards, which have nothing to recommend them but their antiquity and widespread use.

PHARMACOPŒIA HOMŒOPATHICA POLYGLOTTA. Edited by Dr. Willmar Schwabe, of Leipzig. Rendered into English by Lemuel Steffens, M. D., of Philadelphia. Second Edition. Leipzig: Dr. Willmar Schwabe. New York: Boericke & Tafel. 1880. Pages 374.

This work bears abundant internal evidence of having been printed in Germany, in its type and general get-up, and even in this English edition, the preface is still printed in German, although the introductory part, with general practical instructions (thirty-two pages), is in English. The rest of the book is the same for all countries, being printed in parallel columns in the five principal languages of the world (polyglotta). It thus aims to secure uniformity and to be the standard for all nations. New formulas have been introduced into this second edition, and many new remedies have been added. We are glad to see that this work directs the trituration of metallic substances, as far as possible, from the precipitated forms rather than from particles which are ground or filed off.

A GUIDE TO HOMŒOPATHIC PRACTICE, designed for the Use of Families. By I. D. Johnson, M. D. New York and Philadelphia: Boericke & Tafel. 1880. Pages 494.

Having become, through frequent use, pretty familiar with the same author's "Therapeutic Key," we were led to expect that his "Guide" would be carefully compiled; and after due examination we have not been disappointed in our expectation. It is rather larger than we could

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wish, and goes too minutely into a number of diseases which laymen generally do not, and certainly ought not, undertake to treat without the advice of a physician, but we are glad to see that the indications under each remedy are not multiplied to such an extent as to utterly bewilder the unskilled would-be experimenter. It is clearly and well written, and seems to be a trustworthy guide.

SCRATCHES OF A SURGEON. By Wm. Tod Helmuth, M. D. Chicago: Wm. A. Chatterton & Co. 1879. Pages 120.

We all know by this time what Dr. Helmuth is as a skilful surgeon and as a scientific writer, but some who know him in this way have no idea how the man can *unbend* in his leisure moments. From this little book, however, they can get some inkling of his playful wit and humor, and occasional sarcasm, as well as tenderness. The pieces have all been printed before at various times, but are now first gathered together. He who cannot smile over and enjoy "A Ballad of the 16th Century," "My First Patient," "Long Branch," "To a Fashionable Obstetrician," etc., must be a dried-up old hypochondriac. We hope to get room to copy one of them some day. Meanwhile, buy the book and read all.

A GUIDE TO SURGICAL DIAGNOSIS. By Christopher Heath, F. R. C. S., of London. Philadelphia: Lindsay & Blakiston. Boston: N. R. Campbell & Co. 1879. Pages 214.

Those who are familiar with Heath's "Operative Surgery," and especially his "Minor Surgery and Bandaging," which has had such a wide circulation, will be favorably disposed towards this book. It, to some extent, serves the same purpose with reference to works on systematic surgery that DaCosta's "Medical Diagnosis" does to treatises on systematic medicine, though much less comprehensive. Pathology and treatment are omitted, and symptoms are condensed as much as possible. It must assist materially in overcoming the difficulty which almost every student finds in bringing his knowledge to bear promptly on the patient before him.

SUMMER AND ITS DISEASES. By James C. Wilson, M. D., of Philadelphia. Pages 160.

EYESIGHT AND HOW TO CARE FOR IT. By George C. Harlan, M. D., of Philadelphia. Philadelphia: Lindsay & Blakiston. 1879. Pages 139.

These are Nos. III. and IV. of the "American Health Primers," of which we have already noticed two. The more we read the Primers,

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the more we are convinced of their usefulness as missionaries of instruction among the laity. We have been told that Edward Everett's son, a short time ago, in lecturing to young men at the Christian Union upon improving their opportunities, counselled them never to sit idly while riding in the horse-cars or steam-cars, but to read some good book. He had always done so, and it had never injured his eyes, and therefore it was all nonsense to talk about its hurting anybody's eyes. Possibly a feeling of veneration for the father might induce some young man to put faith in the bad counsel of that son, whose chief claim to recognition consists in his being "the son." These Primers tend to counteract such false notions, as well as to give much other valuable instruction.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

This is a nicely printed volume (tinted paper) of about two hundred pages of the doings of the Eighty-first Annual Session at Baltimore, April, 1879. Besides the minutes we find papers on glaucoma, squint, yellow and spotted fevers, the thermantidote, treatment of the insane, dipsomania, general progressive paresis, the solid rubber bandage for varicose ulcers. On page 134 attention is called to a new drug, *muscarin*, the active principle of poisonous fungi, which, judging from its physiological action, will probably be of considerable service when administered homœopathically. Its action is similar to that of pilocarpin and quite antagonistic to atropine. Brunton has found that the merest trace of it slows the heart, and sometimes causes it to intermit. It also dilates the blood-vessels. About half an hour after a dose of from $\frac{1}{20}$ to $\frac{1}{10}$ of a grain, we find profuse perspiration, contracted pupils, purgation, slight nausea, and a desire to urinate. If the *muscarin* is applied externally to the eye, dilatation instead of contraction results. No headache or giddiness in produced by this drug, as by pilocarpin. This is a pretty good start for a proving.

POSOLOGICAL TABLES. By Charles Rice. New York: Wm. Wood & Co. 1879.

A neat little volume of ninety-six pages, originally constructed at the suggestion of prominent members of the Medical Boards of Bellevue and Charity Hospitals, New York, for the use of the physicians and apothecaries of the New York public institutions, as a convenient guide in regard to average adult doses of the ordinary remedies, but more particularly with a view to establish limits beyond which the dose of powerful remedies should not be carried.

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PAMPHLETS RECEIVED. — Homœopathic Treatment of Yellow Fever. By the Physicians of the Homœopathic Relief Association, of New Orleans. A popular tract for free distribution. —— Laryngeal Phthisis, read before the New York State Homœopathic Medical Society. By Charles E. Jones, A. M., M. D. —— Fifteenth Report of the Trustees of the Boston City Hospital. —— The Thermantidote. By H. P. C. Wilson, M. D., Baltimore, Md. —— List of Medicines mentioned in Homœopathic Literature, with all the authorized Synonymes and Officinal Preparations. By Henry M. Smith, M. D., New York. —— The Incompatible Remedies of the Homœopathic Materia Medica. By Charles Mohr, M. D. Boericke & Tafel. —— Millard on Diphtheria. Boericke & Tafel. —— Pendulum Leverage of the Obstetric Forceps. By Albert H. Smith, M. D., Philadelphia. —— Four Papers on Urethrismus or Chronic Spasmodic Stricture. A controversy between Profs. F. N. Otis and Henry B. Sands, of New York. —— The Climate of Davos Am Platz in the Treatment of Consumption. By Alfred C. Pope, M. D., of London. —— National Board of Health Bulletin. A weekly publication. Washington, D.C.——Precautions requisite in the Administration of Ergot. By Prof. J. W. Compton, M. D., Evansville, Ind. —— The Hand as a Curette in Post-partum Hæmorrhage. —— Other Symptoms of Nervous Exhaustion (Neuresthenia). By George M. Beard, M. D. —— Conclusions from the Study of one hundred and twenty-five Cases of Writer's Cramp. Same author. —— Is the Homœopathic School Unsectarian? By H. M. Paine, M. D., Albany, N. Y. —— History of the Discovery of Anæsthesia. By J. Marion Sims, M. D. —— The House of Shelter, Albany, N. Y. (Dr. H. M. Paine, physician.) —— The Pathology and Treatment of Hereditary Syphilis. By H. C. Jessen, M. D., Chicago. W. A. Chatterton. —— The History of Massage. By Douglas Graham, M. D. Reprinted from the "Medical Record." Boston: A. Williams & Co. —— The Doctrine of the Minimum Dose and the Theory of Dynamization, promulgated by Dr. Hahnemann. By H. M. Paine, M. D., Albany, N. Y. —— The Germ Theories of Infectious Diseases. By John Drysdale, M. D., of Liverpool. London: Balliere, Tyndall & Cox. —— Notes on the Position and Progress of Homœopathy in the United States of America. By Alfred C. Pope, M. D. Reprinted from the "Monthly Homœopathic Review."

PERSONAL.

MARRIED. In St. Louis, Aug. 21, Prof. Philo G. Valentine, editor of the "St. Louis Clinical Review," to Miss Clara V. Hodge.

DIED. In Memphis, Tenn., the wife of Dr. T. S. Verdi, of Washington, D. C., Sept. 8.

In Fitchburg, Mass., of tubercular meningitis, Lucius Brainard, only son of Dr. D. B. and Mary C. Whittier, six years and four months.

Dr. G. F. Forbes, of West Brookfield, Mass., has just returned from Europe, where he has been travelling for several months in connection with Dr. J. K. Warren, of Palmer, and visiting the various hospitals.

Dr. S. H. Quint, a homœopath, has been appointed superintendent of the new insane asylum, of Camden County, N. J., at Blackwoodtown, which is now in successful operation, with about seventy inmates.

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THE

NEW ENGLAND MEDICAL GAZETTE.

No. 12. DECEMBER, 1879. VOL. XIV.

BORAX IN MEMBRANOUS DYSMENORRHŒA.

BY A. H. TOMPKINS, M. D., JAMAICA PLAIN, MASS.

IN the NEW ENGLAND MEDICAL GAZETTE for October, 1870 Dr. E. M. Hale put on record a case of membranous dysmenorrhœa cured by *Borax*. He says the cases of this disease reported cured "are very rare," but quotes one from Bennett, also cured by *Borax*, which probably directed him to this remedy for his own case.

Thanks to this record, I am able now to add two more cases, illustrating the power of *Borax* in this hitherto seldom-cured disease.

Mrs. M——, aged thirty-four, several years married but never pregnant, tall, rather dark, thin of flesh, had suffered extremely at every menstrual period since the menses were first established.

The worst of the pain began in the region of the right ovary and extended to the thigh of that side and sometimes to the knee. These pains came in paroxysms and were accompanied by expulsive efforts simulating those of labor. So she was told by a former medical attendant, who also expressed his belief that she suffered as much at these times as the average of women in child-birth. Be that as it may, her suffering was such as to cause her to seclude herself from company entirely while enduring it, as she could not trust her self-control. The paroxysms ceased with the discharge of cylindrical shreds of a "meaty" appearance (I use her words when quoting), varying in length from one to two inches, and in diameter "about the size of a common lead-pencil." These shreds, usually one after each paroxysm, but several in the course of the menses, did not break up or dissolve by washing in water, but became very light-colored, and then re-

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minded the patient of pieces of "lights" of some animal, by which I suppose we may understand the *lung*, which the shreds seemed to have resembled by reason of a sort of sponginess of texture, after the blood had been washed out. The surface was rough, suggesting to the patient before washing "a shred of fresh meat torn from a mass of the same."

No one can appreciate better than myself how much more satisfactory the report of this case would have been, could I have described this pathological product from personal inspection, but my first intimate acquaintance with the case was made about midway between periods. I was satisfied of the essentially membranous character of the morbid product, notwithstanding its somewhat unusual form. I had lately happened on Hale's record of *Borax* in such cases, and, as many a wiser head than mine has done before, doubtless, I prescribed without first verifying my diagnosis. I did not see the patient again till she had ceased to exhibit these shreds at her periods. Thus I was compelled to report their appearance from the patient's observations instead of my own. As an offset to this confession, however, I would say that since that time — the spring of 1874 — I have become well acquainted with the lady, and have found her careful and accurate in her description of other things, very intelligent and conscientious, and possessed of a common-school education. I would also add that in my satisfaction as to the "membranous" nature of the case, I have been strengthened by the coinciding opinion of one of our best-known gynecologists. The menses in this case were regular as to time, and not remarkable in any way as to quantity or quality of the flow, other than as already mentioned. The patient had suffered in the way described at every period since the establishment of the menses, twenty years before. *Borax* was prescribed precisely as used by Hale; namely, treatment being begun between periods as with him, five grains of the crude powder in a tablespoon of water, three times a day till the menses appeared. Between that and the next period the same dose once a day the first week, twice a day the second, then three times a day till the flow appeared and so on. Seventy-two powders were given, and these, though not taken so rapidly as prescribed, were all taken within the next three months; since which (five years) she has never received or needed any more. The first period

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after beginning treatment was to a remarkable degree less painful than usual. At the second the "meaty shreds," which had been fewer and smaller than usual during the first period, made no appearance at all. Since the third she thinks she has as little pain as any one can and have any, at her periods, and has never seen a "meaty shred," unless it was once, nearly three years since, when she had some pain during menstruation, which she attributed to wetting her feet just before, and *thought* she saw some little shreds. She received no other medicine than this, and no change of diet or other habits was prescribed. Though urged to make a *daily memorandum* of all symptoms or changes in her condition during treatment which she could ascribe to the use of the medicine, there was nothing at its end which she could mention other than the curative result already noted, except that for a day or two at some time during treatment she did not have her usual appetite and felt a slight nausea. Her general health since that time has been at least as good as before, sufficiently good for the doing of her own work.

The score of years during which this lady had suffered so excruciatingly at her periods had not, as may be supposed, been spent without efforts to get relief. One male and one female gynecologist, the latter of the most note, perhaps, both of the allopathic variety, had tried surgical interference in vain. The most valuable knowledge which she had preserved from her consultations with them was respecting the power of whiskey, when used in considerable doses, to mitigate her suffering. This mitigation, however, was to a very unsatisfactory extent.

The second case occurred in the practice of a brother physician. In this, the patient being Mrs. P——, there were the same violence of pain in paroxysms at every menstrual crisis, and skinny substances, which would not dissolve by washing, were discharged. The morbid product in this case, it will be seen, was of the ordinary membranous character. *Borax*^{2x} was used in the same manner as was the crude in the former case. When I last heard from it, some two and a half years since, the remedy had been suspended for several months, after using it between three periods, for the reason that relief had been so nearly complete that the remainder of the complaint was not a sufficient reminder for the taking of the medicine.

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P. S. It was suggested by the gynecologist, whose opinion concerning case No. 1 I have alluded to, that the membrane in that case was probably forced into the cylindrical form in its passage through the cervical canal, and that it was owing to some circumstance which gave it an unusual cohesiveness that it retained that form.

ERRORS IN HOMŒOPATHIC PHARMACY.

BY S. WHITNEY, M. D., BOSTON.

THE popular homœopathic theory of attenuations rests upon the hypothesis that all substances, when treated according to our method, may be brought into the liquid form, and can then be attenuated without limit, and that when globules are moistened with these attenuations they will retain some portion of the drug after the liquid has evaporated.

In opposition to this view, well-established facts of science show beyond question that this theory is a fallacy. In the nature of things, it cannot be true. To found, or pretend to found, a system of therapeutics upon such a basis seems preposterous.

Matter exists in three physical forms, — the solid, the liquid, and the gaseous. This fact should be kept constantly in mind as we proceed to examine our method of preparing medicines, for we deal with matter in each of these three forms.

For the purpose of diffusion or attenuation, we use only milk-sugar, alcohol, and water. Many of our drugs are absolutely insoluble either in water or alcohol, and can only be prepared by trituration. Other substances are prepared only in the liquid form, while others may be secured either in the liquid or in the solid form.

To medicate globules effectually, the drug must be in its liquid state, and its essential properties must be such that when the liquid has evaporated, it will itself remain attached to the globule.

It so happens that many of our drugs will not dissolve either in water or alcohol. There are others which will dissolve in water but not in alcohol, while some will dissolve in alcohol but not in water. Then again, there are other important remedies which can only be secured and administered in the liquid form, either in water or in alcohol, and as soon as the liquid menstruum

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has evaporated, they assume the gaseous form and disappear. From these facts it appears evident that every physician, to be properly educated in his profession, should know the precise behavior of his drugs when submitted to any special mode of treatment.

That physicians of our school should frequently express disappointment at the failure of their prescriptions to produce the desired effect need surprise no intelligent person. The great error in homœopathic pharmacy arises from the very general notion that the behavior of all substances is the same under the same treatment. It is a common practice to dispense medicine in the form of medicated globules, using many times a medicine which, when the liquid portion has evaporated, takes on the gaseous form and escapes. In this case, as soon as the globule becomes dry, of course no medicine is left.

There comes into notice another question of wide significance. By our method of treatment, is there a limit to the divisibility of matter? Yes, unquestionably. By the process of trituration, in the usual manner, we cannot proceed beyond the first, or at most the second centesimal degree with any certainty; and with liquids, in most cases, not beyond the third of the same scale, and to accomplish even this there must be a strong affinity existing between the drug and alcohol or water in which it is placed.

Because we put one drop of a certain liquid with ninety-nine drops of another liquid and shake, this of itself is no proof that the one drop is equally diffused throughout the ninety-nine drops. In the third attenuation there are one million drops. It would need a vast amount of faith to believe that each of the million drops contained just the one-millionth part of the medicinal drop, no more, no less; yet this must be so if our theory is correct. Let us illustrate. Water and alcohol have a strong affinity for each other and mix intimately, until an equilibrium of forces is established, when this action ceases. Two liquids having no affinity for each other cannot be equally diffused, nor the condition of their molecules determined. In many cases the drop which was designed to medicate millions and billions of other drops may have passed out when the vial was emptied the first time. There is no reason for supposing that portions of the

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original drop always remain behind while the rest of the liquid passes out, no matter how many times the vial has been filled and emptied, in the process of "carrying up."

Let us look at this matter from another point of view. Here is a drop of water which we place before us. This drop contains a certain number of molecules which together occupy a certain space. It is not within the power of man to make these molecules occupy a greater or a smaller space than they do now. A molecule is a molecule, pure and simple. It cannot be divided without changing its properties and making it into something else. The molecules, separated to a certain distance from each other, take on the gaseous form and behave like other gases.

As coming within the scope and purport of this communication, it may be said in relation to high and low attenuations, that the first centesimal is low and that the third is high. Beyond this last degree very few remedies extend. In proof of this let me give a further illustration. We start with one drop of medicine and carry this drop to the third attenuation; we now have one million drops. Our theory requires that the one drop shall now be present in equal proportion in each of the million drops, and not only this, but it must be present in every conceivable portion of each drop, so that a single drop of this million will medicate, say, fifty No. 1 globules. Here we have a single drop of liquid filling the whole space occupied by a million drops, equal to ten gallons by measure. Now, if this one drop were to assume the gaseous form, it would occupy a space equal to about two fluid ounces, or only seventeen hundred times greater than it did in the liquid form; yet we pretend, and expect others to believe, that this liquid drop fills a space equal to ten gallons, or six hundred and forty times greater than it would in the gaseous form.

TREATMENT OF CERVICAL ENDO-METRITIS.

BY L. A. PHILLIPS, M. D., BOSTON.

THIS disease, oftener known simply as cervical leucorrhœa, is so common that all physicians in active, general practice must of necessity have more or less experience in its treatment. That it is not an easily cured condition is testified to by all who

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have had much experience; and this is also demonstrated by the large number of patients who, after a more or less prolonged course of treatment, have become discouraged and given up in despair, or gone from one physician to another, hoping thereby to find the desired relief.

As the successor of Dr. J. H. Woodbury, one of the most successful and popular gynecologists ever known to Boston, it has been my privilege to treat quite a large number of cases of this disease during the past few months, and I now simply offer some of the fruits of my experience in their treatment.

From the history of the cases presented to me, I learn that the harsh, heroic treatment of the old school, and the unaided use of the symptomatically indicated remedies, are about equally unsuccessful. Of twenty-three cases, nine had been previously treated by allopaths, and "the last state was worse than the first"; ten had taken medicine for longer or shorter periods, as prescribed by good homœopathic physicians, and their last state was generally about the same as at the beginning of treatment. I would not deny that, by either method, some cases are successfully treated and cured, but many more are not. I sincerely wish that we might attain to success by the simple use of internal remedies. It would be a much easier and more pleasant method, both for the physician and for his patients; but results will not warrant us in depending upon them alone. A large proportion of the cases reported cured in this way have been treated without a physical examination (by which means alone the actual condition of the diseased parts can be learned), either before or after the treatment. The diagnosis was therefore imperfect and unreliable; and furthermore, the mere cessation, for a time, of leucorrhœal discharge, which is generally, in these cases, taken as evidence of a cure, is by no means enough to justify such a claim. I am confident that much can be accomplished with homœopathic remedies, but by combining with these judicious local treatment, much surer and more satisfactory results may be attained. The use of vaginal injections, so often recommended, is of very little use, because the seat of the disease, viz., the cervical canal, is not reached; only the vaginal portion of the cervix at most is bathed and cleansed in this way. And as to the injection of any liquid into the canal, I cannot but feel that it is

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an inferior method of treatment, because, first, it is attended with more or less danger of forcing the fluid into the uterine cavity, which often causes very serious trouble; and second, its effects are very transitory at best.

Even for the purpose of cleansing the canal by removing the tenacious mucous secretion which characterizes this disease, I have found a bit of absorbent cotton, carefully wound upon a flexible rubber sound, far preferable, on account of greater safety, as well as more rapid and thorough accomplishment of the object.

In applying medicinal substances to the cervical canal, it is of course desirable that they be in such form as to remain in contact with the diseased surface. Liquids can so remain only as long as you are applying them. Somewhat more may be accomplished by saturating a ribbon of cloth or a piece of cotton-wool, and leaving this in the canal. But after considerable experiment, I believe I have succeeded in finding a much better means of applying medicinal substances than any I had before tried or known. Otis Clapp & Son have made to my order, suppositories of cocoa-butter, medicated with *Hydrastin*, *Iodoform*, or any other desired agent, and in any desired amount. Instead of the ordinary bullet shape I have them made to fit the cervical canal; *i. e.*, an inch and a quarter in length and one quarter of an inch in diameter. These I cover with a film of cotton, to which a thread is attached to insure its easy removal. The canal being well cleansed and dried as above described, the suppository so prepared, if pressed into the cervix and firmly held for a few seconds, will set and remain in place, while without the cotton, it will slip from its place as it begins to melt. By this means I secure the direct contact of the medicine with the diseased surface for a considerable time, as the saturated cotton generally remains in the canal after the suppository has entirely melted. In milder cases, without ulceration or granular degeneration, I have found nothing equal to the solid paraffine soap, used in the same way.

If this method of making applications to the cervical canal has been in use by others, I shall hope to learn of their experience. To those who have not tried it I would commend the method, as it has afforded me much greater satisfaction than any other means I have tried.

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VERTIGO.—RHUS TOX.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

MRS. S—— consulted me some time since in regard to a peculiar and very distressing vertigo with which she was afflicted. She had been confined some months before, but in consequence of a great deal of anxiety had never entirely recovered her health. The flow which naturally followed the labor never entirely ceased, and at times amounted to a severe hemorrhage. As a result of this constant drain she became very anæmic, ate little, and was sleepless. Vertigo of a peculiar character developed at this time, and was a pronounced and constant symptom. *Whenever lying or sitting quietly*, vertigo of an extreme character became manifest, which *only passed away on rising and walking for a few moments.* While she continued to walk or exercise, no dizziness was experienced; but as soon as she became quiet again, the vertigo returned. During all this time the hemorrhage, as already remarked, continued. The prominence of the key-note of *Rhus tox.—relief on motion*—caused me to give the remedy mentioned. I prescribed the third dilution, two teaspoonfuls every one half hour for five times; then every two hours. In twenty-four hours the flow had ceased, and likewise the vertigo, nor has it returned to this day. I had forgotten to say that on the recommendation of a friend the patient had taken *China* ^{3x} for several weeks before coming to me, but without effect. I deem this a cure made in strict accordance with the homœopathic law of *similia.* The patient's mode of living was not changed, nor was any palliative measure employed. She received but the remedy mentioned and nothing else. Now, although I believe that patients of this class should be built up by means of stimulants and good food, I do not believe that any remedy or means but the one used could have brought about so satisfactory and permanent a result in so short a time as that in the case just recorded.

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THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, DECEMBER, 1879.

WITH this number ends the first year of the GAZETTE under its present management. We desire to return thanks to those who have kindly assisted us in filling its pages with such good material. That their efforts have been appreciated has been testified to by the many friendly assurances which have come to our ears and by a trebled subscription list. Nevertheless, for the ensuing year both editor and publishers are determined to make still greater efforts to improve the character of their journal. To this end, on the one hand, although the price will remain at the same low figure, the number of pages will be increased one third, a much better quality of paper will be used, and the size of type will be uniform throughout (with the possible exception of a page or two at the very end); and on the other hand, many able writers from all parts of the country have promised to aid us, and others, we trust, will voluntarily contribute without putting us to the trouble to ask them individually. Therefore we have a bright outlook.

One word as to the character of our material. We notice that some journals often contain long disquisitions, made up entirely of compilations from common works on anatomy, physiology, theory and practice, etc. Such material we feel obliged to decline in advance. We do not intend to make the GAZETTE a substitute for text-books, which every respectable physician (and who else would subscribe for the GAZETTE?) is supposed to have in his library. Again, we must confess that we ourselves do not take much stock in reports of wonderful cures in isolated cases. If you have had a *series* of successful cases under any particular treatment, by all means send them in and give the profession the benefit of them, as you are expected to do, because you belong to a noble profession and not to a trades-union. Likewise, if you are called upon to treat one case only of a disease which is so rare that neither you yourself nor your colleagues are apt to have much experience in it, write it out carefully and send it in for publication, that the *series* already spoken of, from which we are to draw conclusions, may be finally made up from the combined experience of many. But do not, as the manner of some is, when one patient has got well (been cured?) rather more quickly than usual, after taking a certain medicine, feel so much gratified with your success as to try to make

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others believe that you have done a great thing. You may gain a temporary notoriety, but after others have been gulled into following your recipe and have failed, you will either be consigned to oblivion or else objurgated. You simply made a lucky hit. A year ago we ourselves made a lucky hit. A great-aunt, seventy-seven years old, had for forty years carried on the top of her head a large wen about the size of a hen's egg, which she did not consider particularly ornamental; still she had always objected, in spite of much urging, to its removal by the knife, and expected to carry it to the grave. Last winter a scaly eruption appeared all over the scalp, including the wen, for which we prescribed *graphites* internally and *vaseline* externally. In a few weeks not only had the eruption disappeared, *but the wen also.* We were more than pleased. For a moment we felt like another Columbus. We had discovered something. How pleasant it is, how self-satisfying, to feel that you are a benefactor to the human race! Our complacent first impulse was to rush into print and publish it to the world, and then ask, Reader, have you a wen? Try *graphites* and *vaseline*, and it will go. But a little reflection convinced us that if our readers' wens did not disappear as our patient's had, we should become a laughing stock, and, therefore, before we ask this question, we intend to try *vaseline* and *graphites*, singly or combined, on at least half a dozen other wens and watch the result.

We desire to call the attention of the physicians in New England to the fact that Messrs. Otis Clapp & Son will publish on the first of January next a new and corrected catalogue of homœopathic physicians in New England, a copy of which they intend to present *gratis* to each one whose address they can secure. They will soon send out postal cards requesting information. We hope that all will respond, as of course it is for the universal good that such a directory should be reliable.

THE LATE DR. HEMPEL.

[We very willingly give place to the following brief account of the life and services of Dr. Hempel, written and very kindly sent to us by his able assistant, Dr. H. R. Arndt, of Grand Rapids, Mich. It gives a slight insight into a life of wonderful activity in the cause which he had so much at heart, and ought to stimulate some of us lazy ones to greater effort. He lived to see the third edition of his greatest work, his "Materia Medica," successfully going through the press. Edited, with many additions and alterations by Dr. Arndt, it will shortly appear.]

Charles J. Hempel was born in Solingen, near Cologne, Prussia, on Sept. 5, 1811. After having mastered the collegiate course of his

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own country, he removed, at the age of twenty-three, to Paris. Supporting himself there as a teacher of languages, he not only listened to the lectures of the medical faculty, but devoted much time to the critical study of music, of the arts, and of polite literature. His genial manners and his ability won him the friendship of the distinguished Prof. Michelet, who employed the enthusiastic young student as a translator from German historical works and brought him to the notice of the members of the faculty of the University of Paris. He emigrated to America in 1835, and graduated in the medical department of the University of New York. Soon after this he openly declared his faith in homœopathy and entered upon practice in accordance with his avowed belief.

The school of which he soon became an acknowledged leader was at that time small in numbers, without political or social influence, and, above all, without a literature. The works of Hahnemann, the founder of the school, were accessible only to the few who had a knowledge of the German language. Eminently fitted for literary labors, Dr. Hempel at once commenced the translation of the "Materia Medica Pura," followed, at brief intervals, by the rendering into English of the other works of Hahnemann. He continued to translate many of the standard works on materia medica and on theory and practice, issued voluminous repertories, and, while attending to his growing practice, took a foremost part in creating a literature for the school, in developing its resources, and in spreading its doctrines. In 1855 he was married to Mrs. Mary E. Calder, a daughter of Mr. Coggeshall, one of the old residents of Grand Rapids. In 1856 he was called to fill the Chair of Materia Medica in the Hahnemann Medical College of Philadelphia. The death of Mr. Coggeshall, which occurred a few years later, obliged Dr. Hempel to resign the chair which he had filled with signal success, in order to remove to Grand Rapids, where he entered upon a medical practice which soon taxed his energies to the utmost. His success in teaching materia medica led to the publication of his lectures in a volume of 1200 pages, which went through two large editions, both of which were republished in England. In 1869 the doctor began to fail in health, and his eyesight grew weak. In 1871 he made a trip to Europe, consulted eminent specialists, and learned that blindness was inevitable. During the years following he continued to fail slowly but constantly, until he became a perfect invalid, absolutely blind and helpless.

In spite of this terrible affliction, his intellect remained perfectly clear. During the weary days of his long illness he wrote, by the aid of his wife, who acted as his amanuensis, a work on the principles of

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homœopathy, and prepared a new edition of his work on *Materia Medica*. This latter work became the last one point of interest of his life, and when arrangements for its publication had been made, he resigned himself to the conviction that his life's work was done. During the stormy weather of last week he took a severe cold, unexpected complications arose, and on the twenty-fourth day of September the weary-wanderer entered into the rest for which he had often prayed.

Dr. Hempel was an indefatigable worker. He translated into English nine large works on medicine; he published a work on domestic practice in French, English, and German; he wrote and published four large works on medicine; he furnished the best translation extant of the prose works of Schiller; he left the unpublished manuscript of a large German Grammar, which good authorities have pronounced a book of the highest merit; and he published a number of religio-philosophical works.

The life now closed was active, earnest; the heart now still was child-like, void of malice; the spirit now gone home was, nay, *is*, joyous, hopeful, and bright, softening into gentler shades the shortcomings of human nature and scattering sunbeams on the pathway of others. *Requiescat in pace!*

ABSTRACT OF THE ADDRESS OF DELAVAN C. SCOVILLE, ESQ., PRESIDENT OF THE NEW YORK EDUCATIONAL SOCIETY, AT THE OPENING OF THE TWENTIETH ANNUAL SESSION OF THE NEW YORK MEDICAL COLLEGE.

The student of medicine has adopted the most difficult and exacting of all the professions, in the successful pursuit and practice of which he must toil hard and constantly. The miracle of life that is perpetually wrought in the human body depends upon the action and reaction of a mechanism so complex in its structure, so various in its forces, so multiform in its operations, so delicate in its adjustments, that he who deals with its disorders and disarrangements may well believe that Nature herself can restore its proper action. The circulation of the blood was discovered in the same decade that saw the first colony planted on Manhattan Island, yet the involuntary contraction of the heart and arteries is unexplained. We do not know the process by which the chemico-vital force is supplied in the capillary passages, nor are we fully acquainted with the genesis of the blood-cells. The rapidity of nerve-action has been established, but we do not know the exact nature of the nerve force, and science fails to explain the process of its generation. Yet medicine is the most learned of all the professions, if by learning we mean the knowledge of the greatest number of facts essential, or conducive, to human hap-

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piness. Within its ranks are the most earnest and devoted men of these busy times, who are pushing outward the lines of discovery in all possible directions. The young man who enters this profession with the expectation of achieving success or winning distinction, must bring to his tasks all the firmness and courage of his nature. He must work hard early and late, and not be too sparing of his vital force.

A liberal education promotes professional success. Medical students who have had a thorough course in science, or in classics and mathematics, begin their professional studies at great advantage. Their previous studies have given scope to their perception and judgment, and trained their minds to sound reasoning and correct methods of inquiry. The study of art, literature, or history brings one into sympathy with the best minds of all times, and thus furnishes a healthy mental stimulus. Moreover, it enlarges the capacity for knowedge. The student should strive to maintain the dignity and distinction of that good old word "doctor," — a learned man. Whatever gives the mental faculties greater range, and tends to lift the student to the level of the times, in measure frees his mind from prejudice and ignorance. Biology has peculiar claims upon the student of medicine.

He should also cultivate a spirit of toleration. The science of medicine presents a great number of unsettled questions, the true solution of which will be determined only by the most patient, laborious, and accurate research, by the critical and rigid observation of facts, and the utmost skill in analysis, comparison, and classification. We might reasonably expect that in the pursuit and practice of an art which is beset by so many difficulties, and which concerns itself with the relief of human misery, the mitigation of pain, and the protection of life, there would be exhibited the broadest liberality, and a common desire to know the truth, under whatever form presented, or by whomever advocated. But the history of medicine disappoints this reasonable expectation. In no other profession has there been such servile submission to authority, such unquestioning deference to tradition, such bitter opposition to new discoveries. No other profession has suffered its chief benefactors to be so wickedly persecuted, calumniated, and traduced. Hahnemann, of spotless purity of life, was described as little less than a beast, for no other offence than making known a beneficent principle in medicine. The best way to acquire a spirit of toleration is to learn to love truth. If you love truth sincerely, supremely, and for its own sweet sake, your minds are in that condition of easy receptivity that makes true wisdom attainable. Love of truth is coming more and more to distinguish the scientific mind of the age. Dogma and tradition are losing their hold upon men's minds. The bitterness of schools and doctrines is passing away. Henceforth appeal must be made to facts, and facts alone. Might each of you take upon himself the vow that Hippocrates required of every student who entered the temple over which he presided, — "I swear by the physician Apollo, and Æsculapius, and Hygæia, and Panacea, that according to my ability, I will keep this oath and stipulation. With purity and holiness I will pass my life and practise my art. Into whatever houses I enter, I will go into

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them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption. Whatever in connection with my professional practice, or not in connection with it, I see or hear in the life of men, which ought not to be spoken of abroad, I will not divulge, reckoning that all such should be kept secret. While I continue to keep this oath inviolate, may it be granted to me to enjoy the practice of the art, respected of all men in all times; and should I trespass and violate this my oath, may the reverse be my lot."

Reviews and Notices of Books.

Leishman's System of Midwifery. Third American Edition. Philadelphia: Henry C. Lea, 1879. Boston: A. Williams & Co. pp. 732.

Any one who will take the trouble to examine this book will not wonder that the previous editions of it have had such a wide sale, so ably has it been prepared. This third American edition has had the special benefit of the author's revision, and certainly is one of the most valuable treatises on the subject yet written. What particularly pleases us is the evident attempt all through to reduce the abstruse to simplicity, and to make everything perfectly intelligible, rather than to impress the reader with an idea of the profundity of the author's information. The two hundred and five wood-cuts are an invaluable means to this end, especially the numerous diagrams representing the different presentations, positions, and stages, as well as those which carefully illustrate each successive act in the introduction of the forceps, when the woman lies either on the back or on her left side.

Diseases of Women. By Lawson Tait, F. R. C. S. New York: Wm. Wood & Co. pp. 192.

Another volume of Wood's Library of Standard Medical Authors. The second edition of this well-known work, thoroughly revised and enlarged, has been specially prepared for Wood's Library. A few weeks ago, when we were favored by a short visit from Dr. J. Gibbs Blake, of Birmingham, England, we heard him speak quite highly of his fellow-townsman, Dr. Tait, not only from a professional but from a social point of view. When the latter first moved to Birmingham he called upon the homœopathic physicians in town as well as upon the others, and in marked contrast to some of his school, treated them very cordially, and expressed a willingness to meet them in consultation at any time. His work on Women is too well known to speak of here.

Butler's Text-Book of Electro Therapeutics and Electro Surgery. Second Edition. New York: Boericke & Tafel. 1880. pp. 324.

Among the many works on electricity as a therapeutic agent already published, we know of none which would be more likely to meet the

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needs of a homœopathic physician than this, written from a homœopathic standpoint; and we are glad that it has already met with such a favorable reception. The general profession, as a rule, know too little of this agent. In preparing the second edition of this work several alterations have been made. Original provings have been added to the chapter on symptomatology, and additions have likewise been made to the chapters on electro-physics and electro-surgery. The section on gynecology has been entirely rewritten. A few new instruments have also been described.

HERING'S CONDENSED MATERIA MEDICA. Second Edition. New York: Boericke & Tafel. 1879.

On the title-page we find the announcement "more condensed, revised, enlarged and improved." The new edition has eight hundred and eighty-six pages, while the old had eight hundred and seventy-one, so that the size remains essentially the same. On comparing the lists of drugs in the two editions, we notice the addition of *abrotanum*, *absinthium*, and the frisky *cimex lectularius*. We are thankful that finally, after having been almost everywhere spelled erroneously for several years, *gelsemium* appears without its often interpolated *n*. We are pleased at the substitution of the more euphonious *guiacum* for *guajacum*, and wish that *cepa* and *kobaltum* might also have been changed to the more common *allium cepa* and *cobaltum*. Many of the black-type headings of subdivisions in the body of the work have been altered, as, *e. g.*, lower face for lower jaw; inner mouth for mouth; palate and throat for throat; belching, nausea, and vomiting for nausea and vomiting; pregnancy and parturition for pregnancy; voice and larynx for larynx; respiration for breathing; position for motion; fever for chill, fever, sweat; locality for sides; touch, injuries, for contact, injuries; relationship for other drugs, etc. In the Preface the author explains that, in this edition, "the ❙, corresponding to the third degree of distinction in Boenninghausen's repertory, has here more significance than in the 'Guiding Symptoms.' There it stands before symptoms verified by cures, here it marks in most instances characteristic symptoms. The Greek letter '*θ*' is occasionally used (not as extensively as in 'Guiding Symptoms') before the pathological or physiological state to which the symptom refers." Acknowledgment is made for assistance on this edition to Drs. Knerr and Mohr.

CONSUMPTION, AND HOW TO PREVENT IT. By Thomas J. May, M. D. New York: G. P. Putnam's Sons. Boston: A. Williams & Co. 1879. pp. 89.

This book is intended more particularly for the general public, and discusses in a simple manner, which all will understand, the influence of foods, air, soils, clothing, light, physical exercises, disease, digestion, infant diet, cod-liver oil, fat, butter, alcohol, etc., on the causation or prevention of this terrible disease, which in 1878 carried off about 70,000 persons in this country, — deaths which were regarded by the community with more or less indifference, and considered almost as a matter of course, while in the same year the yellow fever, which

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claimed less than 20,000 victims, was universally shuddered at as one of the most terrible scourges that has ever visited our land. We believe that much more can be done than has ever yet been done in the way of preventing and curing consumption. Let us bend our energies to this subject with a will.

THE STUDENT'S POCKET MEDICAL LEXICON. By Elias Longley. Philadelphia: Lindsay & Blakiston. Boston: N. R. Campbell & Co. 1879. pp. 303.

Every student and physician too, for that matter, ought to own a medical dictionary and use it too. It is perfectly horrible to hear some physicians, who ought to know better, absolutely murder some of the commonest medical terms in everyday use. If any one objects to being confined too closely by stereotyped pronunciations, he can oscillate within legitimate limits, as, *e. g.*, in the case of such words as *bronchitis;* but when he calls *scybala* "*sky-ball*" (as we once heard a Harvard student innocently pronounce it), it may be entertaining to bystanders, but it is hardly creditable to the pronouncer. If you cannot afford Dunglison or Thomas, buy this little book for $1.

LEONARD'S REFERENCE AND DOSE BOOK. Detroit, Mich. C. Henri Leonard, M. D. 1879.

A small vest-pocket book of about one hundred pages, with allopathic doses of over 2,500 preparations, especially of out-of-the-way remedies, which are little used. At the end come many condensed instructions as to what to do in emergencies, — poisoning. obstetric cases, etc., and also fee tables, weights and measures, visceral measurements, etc. One of the regular *multum in parvo* books.

HALL'S METRIC DOSE BOOK. By Edward D. Hall, M. D. Boston: N. R. Campbell & Co.

Another small pamphlet pocket book, with the same laudable aim as Whitney & Clark's, which we spoke of in our last issue. By all means, let us adopt the metric system as soon as possible.

SOCIETIES AND INSTITUTIONS.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY N. R. MORSE, M. D., REC. SECRETARY.

THE semi-annual meeting of the society was held in New Era Hall, 176 Tremont Street, Boston, Oct. 8, 1879.

The meeting was called to order by the president, T. S. Scales, M. D., of Woburn, at 10.10 A. M., who requested the Rev. W. J. Pomfret, of Woburn, to invoke the divine blessing.

The reading of the records of the last Annual Meeting was on

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motion omitted, as they were in print and in the hands of the members present.

The records of the Executive Committee were read by the secretary and on motion approved.

The president then opened the meeting with a few brief remarks, congratulating the society on the spirit of harmony which prevailed in its ranks, that we had assembled to-day in the same spirit to compare notes and give from our varied experience such facts as may be of interest and profit to us all. He would bespeak for this day a harmonious and profitable session, that many papers may be read and discussed, much to our advantage and instruction.

The society now proceeded to the election of candidates for membership, and the following physicians, having been duly reported by the Board of Censors, and approved by the Executive Committee, were unanimously elected to membership: —

Charles B. Hall, M. D., Rockport; Eliza Ladd Campbell, M. D., Attleboro'; Laura W. Copp, M D., Chelsea; John H. Payne, M. D., Boston; Charles R. Brown, M. D., Lynn; F. L. Babcock, M. D., East Dedham; George W. Wild, Jr., M. D., Ipswich; W. C. Day, M. D., Allston; Benjamin T. Church, M. D., and Adaline B. Church, M. D., Winchester.

The semi annual report of the treasurer, H. C. Clapp, M. D., was read and accepted, as follows: —

Dr.

To dues collected of members during last six months .	$550 00

Cr.

By cash paid for printing, collation, rent of hall, etc. .	$174 96
By cash due the treasurer on last year's account . .	157 87
	$332 83
Balance in hands of treasurer, Oct. 8, 1879 . .	$222 17

H. C. Clapp, M. D., *Treasurer.*

The chairman of the Committee on Climatology, Dr. Jones, of Taunton, remarked that he was sorry to say that the reports which were to have been presented, by Dr. Woodbury on "Colorado as a Sanatarium," and by Dr. Macfarland on "The Malaria of the Connecticut Valley," had not been received in time, as expected, for this meeting, and he should ask that they might be presented at the annual meeting in April next. The paper by Dr. Woodbury was expected to be quite exhaustive on the "Climatology of Colorado," and would give us much valuable information in regard to that climate and its effects in certain diseases.

The Committee on Surgery presented their report through W. R. Bartlett, M. D., of Chicopee, who read the following paper: "Homœopathic Surgery."

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Dr. Cushing, of Lynn, said that he had employed a gum elastic catheter covered with a silk handkerchief. to remove cinders which have lodged in the eye. It had proved a very effectual method of operation in his experience.

Dr. N. R. Morse offered the following as a substitute for Article XIX. of the By-Laws: "Every applicant for membership shall deposit with his application in the hands of the secretary the sum of $5, and shall upon his election receive therefor the diploma of the society, signed by the president and secretary. Should any applicant fail of an election for any reason, the money shall be returned to the applicant."

The president appointed the following physicians as a committee to consider and report upon the amendment offered by Dr. Morse: namely, Drs. Cushing, Whiting, and N. R. Morse, and upon the amendment offered by Dr. Bennett in April last, Drs. H. C. Clapp, H. L. Chase, and Bennett.

The Committee on Materia Medica reported through its chairman, A. M. Cushing, M. D., of Lynn, and the following papers were presented and read: —

1. "Certainties of Medicine." By A. M. Cushing, M. D., Lynn.
2. "Two Cases treated with Myosotis Lymph." By W. R Bartlett, M. D., Chicopee.
3. "The Honey Bee Virus." By M. G. Houghton, M. D., Boston.
4. "Salicylic Acid." By J. H. Sherman. M. D., South Boston
5. "Homœopathic Materia Medica." By O. S. Sanders, M. D., Boston.
6. "A Rare Case in Practice." By Conrad Wesselhoeft, M. D., Boston.

Dr. Spalding, of Hingham, remarked that the paper on Salicylic Acid reminded him of an old patient, a lady who was in poor health, and had some form of heart disease, together with cancer of the stomach. She had an attack of colic and was successfully treated by Dr. Spalding, who made no remark to her about the cancerous trouble. Subsequently she had another attack, when another physician attended her and told her friends of the cancerous trouble. Later, these colic attacks became frequent, with vomiting of a glairy mucus, and tarry discharge from the bowels. Salicylic acid, in as strong a solution as possible, was prescribed, after which these attacks soon ceased, and three years have since passed, without any return of them. She is well. Now what was the trouble?

Dr. H. L. Chase, of Cambridgeport, said that he had listened to Dr. Sherman's paper on Salicylic Acid with interest. He had made a proving of that remedy, and on first thought considered that it was the remedy in diphtheria in all cases, but he finally got a case that it did not affect in the slightest degree. He did not believe that salicylic acid produced any of the special symptoms of diphtheria, but that it acted only against the septic poisoning. Salicylic acid does not cure diphtheria homœopathically. He believed in the homœopathic law of cure, but there are other laws of cure as well. In the proving which he made two years ago, he noticed that salicylic acid

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affects the belly of the muscles in rheumatism. He did not get the characteristic symptoms in the third solution.

During the above discussion, Dr. T. C. Duncan, of Chicago, entered the hall, and at this point the secretary took the opportunity and had the pleasure of introducing Dr. Duncan, of Chicago, to the members present.

In response, Dr. Duncan said that he was glad to be present at the meeting of the society. He came as a delegate from the Chicago Society, and also as a delegate from the Illinois Homœopathic Medical Society, which numbers some five hundred members and meets every other year in the city of Chicago. He presented the congratulations of the Illinois Homœopathic Medical Society, and hoped that he might have the pleasure of welcoming from this society some delegates to their own. He could wish that he was a member of so active and important a society as the Massachusetts Homœopathic Medical Society. Dr. Duncan thought the case just reported by Dr. Wesselhoeft one of the most remarkable on record. He thought that the disease in this case commenced in the lymphatics, involving the mesentery and lymphatic glands. It should be borne in mind by us all that fecal matter is produced in the cæcum. Starchy food should be given in all such cases where there is great emaciation.

Dr. Burpee, of Malden, would speak of a case of diabetes in a lady who had been greatly benefited by the use of salicylic acid. Ringer made mention of three cases of diabetes cured by salicylic acid. In diphtheria he had failed to find it of any value.

Dr. Walker, of Chelsea, inquired if the test for sugar were employed in Dr. Burpee's case.

Dr. Burpee responded in the affirmative.

Dr. Sherman wanted to say that we had no proving of salicylic acid, but we have one of carbolic acid, and as the former remedy resembled the latter, he thought we might use it as a guide in the employment of salicylic acid in the treatment of disease.

The secretary introduced Col. C. G. Fisher, of New Orleans, La., secretary of the Homœopathic Association in that city. In response Col. Fisher briefly remarked that the homœopathic physicians of New Orleans treated last year not less than 6,000 cases of yellow fever in the city proper, with a loss not exceeding six per cent. The allopathic physicians lost at the same time from eighteen to twenty-five per cent of all cases treated. Our school treated some 2,000 cases outside the city limits, with a slightly heavier loss, but not reaching seven per cent. We have now a member on the State Board of Health, and the gratifying success achieved last season in the treatment of yellow fever has given our school of medicine great prestige among the wealthy and better class of our citizens. He should like to speak at length in regard to the treatment adopted, did time permit. He held in his hand a report of the association, which he thought might be of interest, and which he had been requested to lay before the society to-day.

Dr. Hooker, delegate from the Connecticut Homœopathic Medical Society, on being introduced, remarked that he was here to-day in a double capacity, — that of delegate to the Massachusetts Homœopathic

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Medical Society, in which he took great pleasure, and also to witness to-night the opening of Boston University School of Medicine, his own *alma mater*, many of whose graduates he here saw. He said there would be a meeting of the Connecticut Society next month at the home of Dr. Foote, in Stamford, Conn., and he hoped the Massachusetts Society might be represented at that meeting.

Dr. Whittier, delegate from the Massachusetts Surgical and Gynæcological Society, made a brief response, and the society adjourned for lunch at 1 P. M.

Afternoon Session.

The society was called to order by the president at 1.40 P. M.

D. G. Woodvine, M. D., of Boston, then delivered the annual oration, his subject being "Hindrances to Homœopathic Practice."

The address was received with marked attention, and dwelt chiefly on the principles of sanitary science, especially sewerage, the ignorance of which was one of the greatest hindrances to homœopathic practice.

On motion it was voted that the thanks of the society be extended to Dr. Woodvine for his able address, and that it be referred to the Committee on Publication.

Dr. Adams, of Webster, offered the following resolution, which was unanimously adopted by a rising vote: —

"*Whereas*, God in his infinite wisdom and love has seen fit to lay his hand heavily upon our beloved brother and colleague, D. B. Whittier, M. D., and family, in taking from them their only son, and laying a father's fond hopes and the mother's pride in the silent grave; therefore,

"*Resolved*, That the Massachusetts Homœopathic Medical Society extend to them its sincere and heartfelt sympathy, and commend them to Him who is the Alpha and Omega, the beginning and the end, of all earthly existence.

"*Resolved*, That the secretary of this society forward a copy of these resolutions to the bereaved family."

The chairman of the Committee on Clinical Medicine, Dr. J. T. Harris, of Boston, said the committee had in their hands a large number of papers to present, and he should ask of each author, if present, to read his own paper; but before doing so, he would like to speak of a case of erysipelas, which came under his own observation in January last. The patient had chills, fever, etc. The inflammation commenced in the arm, and several days had passed since the attack commenced, when he first saw her. It was a bad case of phlegmonous erysipelas and the discharge was simply enormous. The remedies employed were *Aconite*, *Apis*, *Arsenicum*, *Belladonna*, *Hepar Sulphur*, *Rhus*, *and Silicea*. The patient, however, was sinking, her pulse one hundred and twenty-five and very weak. Then he began to give her Briggs' Phospo-Nutritive. He gave it simply for nourishment, but under its administration her appetite and the ulceration improved. Surgeons who saw the case advised the removal of the arm. The patient has consented to come here to-day that the result of treatment may be seen. After the examination of this interesting case, the following papers were presented and read: —

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1. "Miasm." By David Thayer, M. D., Boston.
2. "Addison's Disease." By J. Hedenburg, M. D., Medford.
3. "A Case from Practice." By S. B. Dickerman, M. D., Abington.
4. "Diphtheritic Croup." By H. K. Bennett, M. D., Fitchburg.
5. "Two Cases of Post-Scarlatinal Dropsy." By W. H. Lougee, M. D., Lawrence.
6. "Uranium Nitricum in Albuminuria." By George H. Payne, M. D., Boston.
7 "A Case of Tetanus, cured by Electricity." By George A. Adams, M. D., Webster.
8. "Carbo Vegetabilis." By W. B. Chamberlain, M. D., Worcester.
9. "China for Headache." By W. B. Chamberlain, M. D., Worcester.
10. "Atropine for Headache." By W. B. Chamberlain, M. D., Worcester.
11. "One Mode of Treating Patients having Tapeworms." By W. B. Chamberlain, M. D., Worcester.
12. "Viola Tricolor in Eczema Capitis et Faciei." By J. H. Carmichael, M. D., Worcester.
13. "Gall Stone Colic." By Mary K. Gale, M. D., Wollaston Heights.
14. "Psoriasis Inveterata." By Mary K. Gale, M. D., Wollaston Heights.

Dr. H. L. Chase, of Cambridgeport, remarked that according to Dr. Webster, volcanoes produced influenza, but he was in the Mediterranean some years ago, and no one had influenza, although Vesuvius was in operation at the time. In regard to miasm, Dr. Thayer had said that people living in the low lands do not have intermittent fever, but that its victims reside on the highlands some distance from the river's bank. It is assuming too much to suppose that the miasmatic disease on Beacon Hill comes from the Back Bay. In the Crimean war, on one side of the peninsula they were free from the ravages of miasmatic disease, while on the other they were not.

Dr. Hedenburg said that the theory of miasm, as presented in the paper read by Dr. Thayer, reminded him of a work which was put into his hands by his preceptor. Watson in his "Practice" speaks of malarial diseases occurring on the other side of the hill, opposite to the malarial region, the germs being wafted thither by the action of the wind.

Dr. Lougee, of Lawrence, noticed that in travelling from Florence to Naples, the low lands were depopulated, the inhabitants living upon the hills.

Dr. Thayer, of Boston, said that he had never been in Rome or in the low lands about that city, but that he had obtained his information from Panelli. He had gathered the facts presented in his paper from various sources. He was confident that the contagious power of the miasm was increased by attenuation. Dr. Thayer spoke of two cases of diphtheria in the town of Bedford. After the first case occurred,

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a new well was dug, and they found the exciting cause to be in the house vault. He felt assured that when the miasm is diffused, that is, attenuated, it then becomes contagious.

Dr. H. L. Chase, of Cambridgeport, remarked that a case of small-pox occurring forty rods away from another patient is no proof that the contagion arose from the first patient.

Dr. Burpee, of Malden, had noticed that in a sewerage report of the city of London, it was stated that the gate-turners, who had been employed from ten to thirty years, were and had been entirely free from miasmatic disease, although they were the most exposed to its noxious principles.

Dr. Sylvester, of Newton Centre, alluded to the experience of a superintendent of burials, who is frequently engaged in opening vaults. He had never known an instance where any one had taken disease in that way. Infection rarely occurs in such cases.

Dr. Hedenburg, of Medford, would inquire if decomposition did not destroy the poison in such cases?

Dr. French, of Lawrence, made some brief remarks on the point raised by Dr. Hedenburg, but was inclined to the position held by Dr. Thayer, in the paper just read.

Dr. Jameson, of Jamaica Plain, spoke of Dr. Bennett's paper, in which were employed the terms "diphtheria" and "diphtheritic croup." He wished to know if, when the disease invaded the trachea, the deposit was any different from that found in the fauces.

Dr. Jones, of Taunton, agreed with Dr. Bennett, as far as he went, but he noticed that in the treatment of the disease he increased the dose and the frequency of the repetition. His experience in the treatment of diphtheritic croup led him to increase the intervals between the doses and lessen the strength of the remedy. There is a certain toleration in the system to many medicines, but when we go beyond that, convalescence is retarded.

Dr. Duncan, of Chicago, wished to know what is miasm? He remarked that our inquiry should first be directed to this point; he wanted to know what it was. In speaking of diphtheria, diphtheritic croup, and croup, he would say that there were four varieties of croup, namely, the spasmodic variety, inflammatory, true or membranous croup proper, and diphtheritic croup. It takes about nine days to develop true croup, and it requires time to remove the membrane, when once fully developed. True croup is slow in its progress and fearful in its results.

Dr. Farnsworth, of East Cambridge, said that miasm might be generated by decaying vegetable and animal matter. Every one had probably heard of Miller's River nuisance, where all the animal matter and refuse of the slaughter-houses were undergoing decomposition, and yet at the examination of the physicians in Cambridge living near the borders of that stream, not one was able to state that he had a single patient whose sickness resulted from that stench and decomposing animal manner.

Dr. Flanders, of Lynn, and others made brief remarks.

The Committee on Obstetrics reported through its chairman, Dr. Farnsworth, of East Cambridge, and the following papers were communicated: —

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1. "Congenital Malformation." By C. H. Farnsworth, M. D., East Cambridge.

2. "Two Cases of Instrumental Labor with Complications." By F. H. Krebs, M. D., Boston.

3. "A Monstrosity, a Case from Practice." By N. R. Perkins, M. D., Winchendon.

4. "Proper Time for Rupture of the Membranes in Labor." By J. H. Carmichael, M. D., Worcester.

5. "Medicines for Club Foot in Infants." By W. B. Chamberlain, M. D., Worcester.

6. "A Case of Labor with Complications." By E. B. Holt, M. D., Brookline.

No discussion followed for want of time.

The Committee on Gynecology reported through its chairman, W. H. Lougee, M. D., Lawrence, and the following papers were communicated: —

1. "Subinvolution of the Uterus." By W. H. Lougee, M. D., awrence.

2. "The Treatment of Cervical Endo-Metritis." By L. A. Phillips, M. D., Boston

The Committee on Pædology presented its report through its chairman, Charles Sturtevant, M. D., of Hyde Park, and the following important papers were communicated and read by title: —

1. "Abscess opening into the Urethra." By H. C. Clapp, M. D., Boston.

2. "A Case of Tænia." By M. J. Flanders, M. D., Lynn.

3. "Argentum Nitricum in Cholera Infantum." By Ira B. Cushing, M. D., Brookline.

4. "Dysentery." By Lewis Whiting, M. D., Danvers.

5. "Post Diphtheritic Paralysis successfully treated by Sun Bath." By Chas. Sturtevant, M. D., Hyde Park.

The Committee on Pharmacy reported through its chairman, Conrad Wesselhoeft, M. D., of Boston, who presented the following paper, which was read by title: —

1. "Uniformity in Posology." By C. Wesselhoeft, M. D., Boston.

The Committee on Ophthalmology and Otology presented its report hrough its chairman, F. W. Payne, M. D., of Boston, who read by title the following paper: —

1. "The Use of Spectacles to cure certain Defects in Vision." By F. W. Payne, M. D., Boston.

Reports were presented by D. B. Whittier, M. D., from the Massachusetts Surgical and Gynæcological Society, N. R. Morse, M. D., from the Essex County Homœopathic Medical Society, E. P. Scales, M. D., from the Middlesex South Homœopathic Medical Society, and by W. R. Bartlett, M. D., delegate to the Connecticut Homœopathic Medical Society at its meeting in Hartford, May 20, 1879. No other reports were received

This semi-annual meeting was the largest ever held, not less than one hundred and twenty physicians being present; and the papers presented outnumbered those at any previous meeting of the society.

The proceedings of the April meeting were distributed by the secretary. On motion the society adjourned at 4.45 P. M.

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